



PI - 146

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Janet Murguía, President

November 1, 2006

Patricia N. Daniels
Director
Supplemental Food Programs, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Re: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Director Daniels:

The National Council of La Raza (NCLR), the largest national Latino civil rights and advocacy organization in the U.S., writes to comment on the United States Department of Agriculture's (USDA) proposed modifications to the Special Supplemental Women, Infants, and Children's (WIC) food packages.

NCLR praises this important step to improve the overall nutritional quality, expand availability of culturally-sensitive foods, and increase choices available to participants of the WIC program. By including allowances for fruits and vegetables; adding whole grain bread and rice and the option for corn tortillas; adding options for soy milk, milk substitutes, and tofu; and changing to only low-fat milk and whole grain cereals, the WIC packages more completely reflect the 2005 *Dietary Guidelines for Americans* recommended by the USDA and the Department of Health and Human Services. In addition, the new proposed packages more readily attend to the cultural needs of WIC's diverse participant population.

These changes will be highly important to the Latino community. According to the USDA, of the 7.9 million participants in the WIC program in 2004, Hispanics made up the largest participant group at 39.2%. The WIC program is highly accessible for Latino mothers and children, the fastest growing youth population in the U.S. The WIC program has already done an outstanding job of improving health care outcomes for Latino families who often do not have access to health coverage, are less likely to access prenatal care, and are more likely to be food insecure. The new proposals will build on the success that WIC has had in reducing major negative health effects, improving birth outcomes for Latino communities, and ensuring that children in critical stages of development have a healthy start to life.

The increased allowances for fruits and vegetables along with the expanded options to include corn tortillas, whole grains, and milk substitutes, will have an especially notable impact on the Latino community. Allowing the substitution of corn tortillas for whole grain breads will significantly enhance the choices Latino participants are able to make with their WIC packages and help to facilitate more nutritious and culturally-appropriate food choices. In addition, the

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LA RAZA: The Hispanic People of the New World

milk substitutions help to greatly expand the consumption of dairy products, thus improving their calcium intake. For Hispanics, as well as other racial and ethnic minority groups, studies have shown a much lower consumption of dairy products due to higher rates of lactose intolerance. With the new inclusion of fortified soy milk and tofu, Latinos will have an easier time consuming sources of both calcium and vitamin D.

These new proposals will not only help provide nutritious foods for otherwise nutritionally vulnerable mothers and children, but will also help inform and form healthy eating habits for children beginning at an early age and help prevent the growing trend of obesity in the U.S.

While pleased with the new direction that the USDA has taken, NCLR recommends additional improvements to ensure that WIC reaches its full potential for Hispanic participants. NCLR offers the following recommendations:

Increase the Fruit and Vegetable Benefits to those Recommended by the Institute of Medicine (IOM)

NCLR commends the USDA for including expanded allowances for fruits and vegetables in the new food package. However, the value of the WIC fruit and vegetable benefit in the proposed rule is \$8 for women and \$6 for children, which is likely to result in unmet nutritional needs for children and families. At a minimum, the IOM recommendations that provide \$2 more for both women and children should be allowed under the new WIC package. The IOM recommendations were aimed to achieve the highest nutritional value and were based in solid scientific research. While the USDA's recommendations are designed to be cost neutral, it is clear that increasing fruits and vegetables is associated with important health benefits, such as reduced risk for obesity and chronic disease, and that they help to provide adequate intake of nutrients, such as fiber, potassium, and vitamins A and C, thus reducing health care costs due to nutrition deficits and other health problems in the future. We urge the USDA to provide the IOM recommended benefits of \$10 for women and \$8 for children for fruits and vegetables.

Refine Regulations for Whole Grain Cereals

The new proposals for whole grain cereals are an important step to limiting sugar and improving iron intake; however, the proposed standards create barriers to achieving culturally-appropriate and healthy choices. The new proposal standards requiring "51% whole grain" is not an appropriate measure for bran, corn, and rice cereals as their nutritional value is not measured in this manner, and thus they are eliminated from being an option. This creates a barrier to nutritious foods for those participants who prefer corn-based cereals, including the majority of the approximately 2.5 million Latino women and children in WIC. In addition, for those who have wheat allergies, corn- and rice-based cereals provide a healthy and viable substitute.

Remove Prescription Requirement for Soy Milk and Tofu

Proposals in the new packages allow for milk and dairy substitutes to include tofu and calcium and vitamin D-rich soy beverages, which provide particularly helpful benefits for WIC participants who suffer from lactose intolerance. Between 50% to 80% of Latinos experience some lactase deficiency, inhibiting their ability to process the lactose in certain dairy products, such as milk and cheese. The new package allows women to have open access to soy milk and/or tofu. However, the proposals require children to have a medical prescription to have soy

milk or tofu as substitutes. This requirement will impose administrative burdens on state agencies and WIC organizations and delay access to alternative calcium sources for WIC children. In particular, for families with language barriers, the extra process created by accessing a restriction can be a heavy deterrent to access much-needed nutrients. A prescription for these food items is highly unnecessary since these foods will provide nutritional benefits equal to traditional milks allowed under the WIC package.

In closing, NCLR strongly supports and recommends the new Food Packages Rule proposed by the USDA for the WIC program, with the above recommendations. WIC provides important nutritional benefits for Hispanic women and children, even more so as they participate in the program at higher numbers than any other group in the U.S. The new proposals for the food packages will increase the important nutrients already present in WIC and identified as crucial to the development and health of the WIC population. With the inclusion of the recommendations outlined above, the new WIC food packages will greatly assist in improving the health of the most nutritionally at-risk women, infants, and children.

Should you have any questions regarding these comments, please contact NCLR without hesitation. NCLR health policy staff, Jennifer Ng'andu and Emilia Gianfortoni, can be reached by phone at (202) 785-1670.

PI- 148

From: Virginia Lee [virginia@preventioninstitute.org]
Sent: Tuesday, October 31, 2006 12:20 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

October 31, 2006

Patricia N. Daniels

Director, Supplemental Food Programs Division

Food and Nutrition Service

USDA

3101 Park Center Drive, Room 528

Alexandria, VA 22302

Docket ID Number: 0584-AD77-WIC Food Packages Rule

Dear Ms. Daniels:

I am writing to express Prevention Institute's support for the USDA's proposed regulations that will substantially revise the WIC Food Packages. Prevention Institute is a non-profit national center dedicated to improving community health and well-being by building momentum for effective primary prevention. The Institute's work is characterized by a strong commitment to the promotion of equitable health outcomes among all social and economic groups, including women, infants, and children.

We are pleased that the changes in the proposed rule ensure that WIC foods are consistent with the 2005 Dietary Guidelines for Americans and align with the American Academy of Pediatrics infant feeding recommendations. The proposed changes are a significant step forward and will greatly benefit mothers and children most in need.

We strongly support providing cash-value vouchers to purchase fruits and vegetables. We urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels. Additionally, we urge that the cash-value vouchers for fruits and vegetables for breastfeeding women be increased to \$10, which would provide an additional incentive for women to breastfeed.

We support the whole grain requirement for cereals and the introduction of whole grain bread and other whole grains such as corn tortillas and brown rice. The provision of whole grain options will allow WIC to better serve California's extremely diverse families.

We support the reduced quantities of certain foods (milk, cheese, eggs, and juice) in order to better align them with the dietary guidelines. Additionally, the inclusion of lower-fat milk and less cheese and eggs supports adequate calcium intake, while at the same time lowering saturated fats. We also agree that it is necessary to have alternative calcium sources such as soy beverages and tofu to address medical conditions, personal preferences, and the cultural diversity of California's WIC families.

We support USDA's efforts to support the initiation and duration of breastfeeding; however we do not support the recommendation to pilot test the partially breastfeeding food packages. The pilot phase would delay implementation of these packages by three years and may provide a disincentive for women to breastfeed. Without full implementation, women may have more incentive to choose the fully formula feeding package than the current partially breastfeeding package.

Lastly, Prevention Institute urges a quick and efficient analysis of the comments of the proposed rule and a publication of a final rule by the spring of 2007.

We commend USDA for proposing these important changes to the WIC food packages. These changes allow low-income families to make healthier food choices and are a significant step forward in reducing obesity and other diet-related chronic diseases.

Best regards,

Virginia Lee, MPH, CHES
Program Manager, Prevention Institute

www.preventioninstitute.org

PI-148-149

Docket ID Number 0584-AD77, WIC Food Packages Rule
From: Marguerite Nowak
[mnowak@sffb.org]

Sent: Tuesday, October 31, 2006 7:21 PM

To: WICHQ-SFPD

Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

We are writing to support USDA's proposed WIC Food Packages Rule, which will:

- a.. improve the health and nutritional quality of the foods in the program;
- b.. expand cultural food options; and
- c.. increase participants' choices.

We commend USDA for updating the WIC food packages to reflect the Dietary Guidelines and current nutritional science by adding fruits and vegetables, whole grain bread, corn tortillas, whole grain rice and other whole grains, the option of soymilk and tofu, and moving to only low-fat milk and whole grain cereals.

Since the food packages were last revised, there has been an explosion of knowledge related to nutrition and health, as well as a growing obesity problem in this country. The addition of fruits and vegetables, whole grain products, and other improvements in the new WIC food packages, will strengthen WIC's positive role to help mothers and children maintain a healthy weight and allow them to make healthy food choices. This will help nutritionally vulnerable children form healthy eating habits from an early age.

Moreover, we applaud USDA's proposed improvements for infants, breastfeeding women, and medically fragile participants. The introduction of fruits and vegetables as baby food for older infants will provide healthy foods the family might not otherwise be able to afford. The new enhanced food package for breastfeeding women should help WIC to promote breastfeeding. The new rule also will provide welcome relief for families struggling to pay for essential nutrition products for women and children with special nutritional needs.

To ensure that WIC participants can get the full value from the new WIC food packages, we offer the following recommendations to strengthen the proposed rule:

- a.. Expand and Enhance the Fruit and Vegetable Benefit
- b.. Eliminate Inappropriate Standards and Size Requirements for Whole Grain Bread and Cereals
- a.. Remove Prescription Requirement for Soy Milk and Tofu
- b.. Keep Proposed Food Package Protections
- c.. Maximize Access to Farmers' Markets
- d.. Establish State WIC Food Package Advisory Councils

Expand and Enhance the Fruit and Vegetable Benefit:

a.. Increase the Fruit and Vegetable Benefits to Fully Meet the Institute of Medicine Recommendations: USDA should make the value of the WIC fruit and vegetable benefit consistent with the IOM's recommendation to provide \$10 per

month of fruits and vegetables for women and \$8 for children. The proposal gives children only three quarters of the amount of fruit and vegetables the Institute of Medicine (IOM) determined was necessary for a nutritionally sound children's WIC food package. Children receive \$8 in fruits and vegetables in the food package recommended by the IOM, but the USDA package provides only \$6. For women the proposed rule provides only \$8 in fruits and vegetables rather than the \$10 recommended by the IOM.

b.. Allow WIC Participants to Choose the Fruits and Vegetables They Want and Can Use: WIC participants should be allowed to use the WIC food vouchers to select the fruits and vegetables that provide the best nutritional value, best bargain and best choice for themselves and their children. The rule should not give State agencies the authority to set state limits on the variety of fruits and vegetables participants are allowed to purchase with WIC vouchers. The successful WIC fruit and vegetable pilots allowed WIC participants full choice.

c.. The Value of the Fruit and Vegetable Benefit Must Keep Pace with Inflation: The rule must require that the value of the fruit and vegetable benefit reflect a cost of living adjustment. It is unfortunate that the cost of living adjustment in the proposed rule is optional. Without an annual cost of living adjustment, the vouchers would be worth less and would buy smaller amounts of fruit and vegetables each year as inflation increases - further falling behind the IOM recommendations.

Eliminate Inappropriate Standards and Size Requirements for Whole Grain Bread and Cereals:

a.. Adopt Appropriate Standards for Whole Grain Cereals to Assure Access to Healthy and Culturally Acceptable Choices: We applaud USDA for preserving the nutritionally important sugar limit and important iron requirements for WIC cereals. However, the new proposed cereal grain standards create a significant barrier for WIC participants to consuming whole grain cereals. The proposed whole grain cereal standard is not an appropriate whole grain standard for bran, corn and rice cereals and consequently it eliminates defacto all bran, corn and rice WIC cereals. This is especially problematic for WIC because Hispanic families prefer corn-based cereals (for example corn flakes). The inclusion of whole grain corn-based cereals will be necessary to maintain acceptable cereal choices for the 2.5 million Hispanic women and children in WIC. Also, both corn and rice cereals provide a healthy option for WIC participants with allergies and bran cereals are an excellent source of much-needed fiber for participants. Therefore, to ensure a selection of healthy whole grain WIC cereals, we recommend the use of revised standards based on the whole grain standards used in USDA's Healthier U.S. Schools guidelines plus two additional alternative criteria of 1) at least 3 grams fiber for bran cereals and 2) a minimum of 8 grams whole grains.

b.. The Allowable Size for a Loaf of Bread Must be Consistent with the Bread Available in Stores: WIC participants need a whole grain bread voucher for a loaf of bread that is consistent with the size typically sold in stores. Otherwise, the purpose of the whole grain change is subverted and the value of the food package shrinks further. In many markets, a mother may not be able to buy any whole grain bread with a 1 pound bread voucher. The proposed rule lumps the size of a loaf of bread and grains together as 1 pound (16 ounces). This is fine for the grains (i.e. rice), which are sold by the pound, but bread is sold by the loaf. Whole grain loaves are heavy, usually weighing more than 1 pound. According to data from Interstate Bakeries, 56 percent of whole wheat/whole grain loaves are sold in a 24 ounce loaf and 25 percent are sold in a 20 ounce loaf.

Remove the Prescription Requirement for Soy Milk and Tofu: We commend USDA for including the option of soy milk and tofu to provide popular high-calcium foods for WIC participants from a diversity of cultures. In addition, these foods are an important alternative for participants with milk allergies and lactose intolerance, a problem disproportionately affecting African-Americans and Asian-Americans. The new packages will work well for women because they have free access to choosing soy milk/tofu. However, the proposed requirement for a medical prescription for children to get soy milk or tofu should be removed because it presents an insurmountable barrier for most low-income WIC families.

Keep Proposed Food Package Protections: We commend USDA for building in protections that safeguard the nutritional value of the new food packages for all participants by prohibiting state level cuts to the new food packages. In this proposed rule, USDA prohibits State WIC agencies from making across-the-board cuts in the food packages (a process known as "categorical tailoring"). This will guard against state pressures to dismantle the new WIC food packages. We agree with USDA that, given the carefully balanced food packages as designed by the Institute of Medicine, categorical tailoring is no longer necessary and would be detrimental. Individual WIC participants can have their WIC food package tailored for nutrition reasons or preference through the commonly used mechanism of "individual tailoring."

Maximize Access to Farmers' Markets: USDA's inclusion of farmers' markets as vendors for the new WIC food package fruit and vegetable vouchers is commendable, and, along with the continuation of the WIC Farmers' Market Nutrition Program, will be helpful for WIC families. The rule should make clear that farmers' markets qualify as eligible WIC vendors provided that they comply with the already well-established farmers' market or WIC Farmers' Market Nutrition Program procedures. WIC vendor requirements will need to allow farmers' markets to participate as seasonal vendors and exempt them from stocking the full package.

Establish State WIC Food Package Advisory Councils to Bring a Diversity of Voices and Support to the Implementation Process: State WIC Food Package advisory councils should be established to help support and inform the planning and early implementation of the new WIC food package. To be most effective, the advisory councils should include WIC participants and representatives of the communities and organizations working to improve the health and well-being of the families served by WIC, such as advocates, food bankers and other emergency food providers, immigrant groups, food policy councils, state chapters of nutrition and health associations, and local WIC agencies.

In summary, we strongly endorse the need for the new WIC food packages and urge USDA to proceed expeditiously to analyze the comments, make the necessary changes, and quickly move forward with the process of bringing a new, healthier food package to the more than 8 million women, infants and children in the WIC program each month. Thank you for this opportunity to share our support for the new WIC food packages and our recommendations to make it stronger still.

Sincerely,
Marguerite A. Nowak
Advocacy & Education Manager

Marguerite A. Nowak
Advocacy & Education Manager
San Francisco Food Bank

(415) 282-1907, ext.262

PI-150

email 11-01-06 from Linda Stone [Linda@childrensalliance.org]

Linda Stone
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CHILDREN'S ALLIANCE

A Voice for Washington's Children, Youth & Families

November 1, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.

Dear Ms. Daniels:

Thank you for this opportunity to express the strong support of the Children's Alliance for USDA's proposed reforms to the WIC food package and to suggest further improvements to the proposed rule. The Children's Alliance is the convener of the Washington Anti-Hunger and Nutrition Coalition and a longtime advocate for WIC in Washington. We believe that the new package will enhance the nutrition and well-being of needy women, infants and children in our state.

We applaud the inclusion of vouchers for fruits and vegetables, as recommended by the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change." Research indicates that access to fresh fruits and vegetables is key to promoting good health and fighting obesity, yet low-income families such as those served by WIC face many barriers to accessing fresh produce. We are dismayed that the proposed rule reduces the IOM-recommended allotments from \$10 and \$8 per month to \$8 and \$6 per

month. We urge USDA to work with Congress to secure increased federal funding to match the IOM's recommendation and index the allotment to inflation.

We also support the option to substitute soy milk and tofu for dairy products. Our state is home to a large share of Asian-Americans, American Indians and Alaska Natives, who are disproportionately affected by milk allergies and lactose intolerance. The proposed substitutions give these clients another option to meet their nutritional needs. We urge USDA to remove the proposed requirement for a medical prescription for children to get soy milk or tofu. This policy would only serve as a barrier to low-income children getting food that meets their nutritional needs.

We recommend that USDA revise the proposed whole grain cereal standard to allow WIC participants to purchase popular whole-grain corn, rice, and bran cereals that meet nutritional standards. The proposed standard is a barrier to clients with wheat allergies and clients with cultural preferences for other kinds of cereal. For example, corn-based cereals may be a more culturally appropriate option for the 2.5 million Hispanic women and children in WIC.

We strongly support federal protections of client choice and the integrity of the WIC food package. We oppose giving states the authority to limit the fruits and vegetables that clients may select. We support the proposed rule's prohibition of categorical tailoring, which would enable states to make cuts to the WIC food package. These protections will safeguard the nutritional value of the food package and ensure that WIC continues to produce excellent results after the new package is implemented.

In addition, USDA's inclusion of farmers' markets as vendors for the new WIC food package fruit and vegetable vouchers is commendable, and, along with the continuation of the WIC Farmers' Market Nutrition Program, will be helpful for WIC families. The rule should make clear that farmers' markets qualify as eligible WIC vendors provided that they comply with the already well-established farmers' market or WIC Farmers' Market Nutrition Program procedures. WIC vendor requirements will need to allow farmers' markets to participate as seasonal vendors and exempt them from stocking the full package.

In summary, we enthusiastically support the new WIC food package and urge USDA to make changes necessary to increase the number of nutritious and culturally appropriate foods available to clients. We are deeply appreciative of WIC's role in reducing hunger and promoting good nutrition in the western region. We hope that USDA will move quickly to implement the final rule, and we thank you for this opportunity to weigh in on these long-overdue changes.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Stone". The signature is fluid and cursive, with the first name "Linda" and last name "Stone" clearly distinguishable.

Linda Stone
Eastern Washington Director
Children's Alliance

PI-151

From: Jim Dixon, S.J. [jdixon@heartlandctr.org]
Sent: Thursday, November 02, 2006 4:52 PM
To: WICHQ-SFPD
Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule"

Dear Director Daniels,

My name is Fr. James M. Dixon, S.J. and I am the coordinator with the National Catholic Rural Life Conference in the Diocese of Gary, Indiana. I am writing to strongly support the proposed revision to the WIC food packages and I specifically strongly support the inclusion of vouchers to purchase fruits and vegetables and the ability to use them at farmers markets.

The connection between WIC mothers and their children and the healthy fruits, vegetables, and grains that farmers

markets would offer would be a benefit for both.

The USDA proposed rule would incorporate the Institute of Medicine's full recommendations for the amount of fruits and vegetables necessary for a nutritional adequate children's food package and it should be done as soon as possible.

Also coordinating the proposed new, expended use of the WIC "cash-value food instrument" with the WIC Farmers Market Nutrition Program (FMNP), including automatically allowing WIC FMNP-qualified markets and farmers to redeem the new WIC cash-value food instrument will be a great help to both WIC mothers and children and farmers.

Sincerely,

Fr. James M. Dixon, S.J.
Heartland Center
6819 Indianapolis Blvd
Hammond, IN 46324
jdixon@heartlandctr.org

PI-153

From: Linda Shak [linda@preventioninstitute.org]
Sent: Thursday, November 02, 2006 7:14 PM
To: WICHQ-SFPD
Cc: virginia@preventioninstitute.org; 'Leslie Mikkelsen'
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

November 2, 2006

Patricia N. Daniels

Director, Supplemental Food Programs Division

Food and Nutrition Service

USDA

3101 Park Center Drive

Room 528

Alexandria, VA 22302

Docket ID Number: 0584-AD77-WIC Food Packages Rule

Dear Ms. Daniels:

On behalf of the Strategic Alliance for Healthy Food Activity Environments, I am writing to share our support for the USDA's proposed regulations to revise the WIC Food Packages. The Strategic Alliance is a California-based coalition of leading public health groups that works to reframe the nutrition and activity debate from simply a matter of individual choice and lifestyle to an issue of corporate and government responsibility.

The proposed changes, which are consistent with the 2005 Dietary Guidelines for Americans and align with the American Academy of Pediatrics infant feeding recommendations, are a positive step forward that will greatly benefit mothers and their children, especially those most in need.

The Strategic Alliance strongly supports cash voucher to purchase fruits and vegetables. Particularly, we strongly encourage that vouchers for breastfeeding women be increased to \$10, which would provide an additional incentive for women to breastfeed. Overall, the proposed cash voucher levels for fruits and vegetables are an excellent start; we encourage USDA to work with Congress to

secure increased federal funding to bring the cash value of the vouchers up to the IOM-recommended levels.

We commend the inclusion of the whole grain requirement for cereals, bread, and other whole grain products. The provision of whole grain options will allow WIC to better serve California's extremely diverse families. Additionally, the inclusion of lower-fat milk and less eggs and cheese supports adequate calcium intake, while at the same time lowering saturated fats and cholesterol in accordance with current dietary guidance. We also agree with the inclusion of items such as soy beverages and tofu, as they are important sources of calcium and address medical conditions, personal preferences, and the cultural diversity of the California's WIC families.

While we support USDA's efforts to support the initiation and duration of breastfeeding, we do not support the recommendation to pilot test the partially breastfeeding food packages. Pilot testing this program would delay implementation and may be a disincentive for women to breastfeed. Full implementation is necessary to ensure that women do not have a greater incentive to choose the fully formula feeding package than the current partially breastfeeding package.

We applaud USDA for proposing these changes to the WIC food packages and recommend a prompt determination of a final rule by the spring of 2007. These changes allow low-income families to make healthier food choices and are an essential step forward in reducing nutrition-related chronic diseases, such as diabetes and heart disease.

Sincerely,

Linda Shak

Program Coordinator

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PI-154

email 11-02-06 from Nicklin, Pat [pnicklin@strength.org]

November 2, 2006

Patricia Daniels, Director
Supplemental Food Programs Division
FNS, USDA
3101 Park Center Drive Room 520
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels,

We are writing to express Share Our Strength's support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants, and Children food packages. As a national leader in fighting hunger and providing quality nutrition education through Share Our Strength's Operation Frontline® program, improving the health of children and mothers is a top priority for Share Our Strength. The proposed changes will offer outstanding health benefits to low-income woman and children. Additionally, Share Our Strength is committed to ending childhood hunger in the United States and we believe that these new WIC food packages will help fight hunger by helping women and children obtain access to high-quality nutritious food.

Share Our Strength supports the US Department of Agriculture's proposed WIC food package rule because it will improve the nutritional quality of the foods offered, expand cultural food options, and increase choices for the women, infants and children in the WIC program. We commend the Department's efforts to update and strengthen the WIC packages to better align them with the *Dietary Guidelines for Americans 2005* and to better address current nutritional concerns for WIC participants. The proposed new WIC food packages will strengthen WIC's positive role in helping mothers and children make healthy food choices.

Please consider our below comments as you seek to better serve the nutritional, economical, and lifestyle needs of the diverse population of women and children who currently participate in WIC.

I. Breastfeeding Packages



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We strongly support USDA's proposed revisions to the WIC food packages to provide greater incentive for breastfeeding, the preferred method of infant feeding because of the nutritional value and health benefits of human milk. In addition, higher breastfeeding rates among WIC participants would likely decrease the costs of providing infant formula through the WIC Program. We applaud the department for adding a partially breastfeeding package for infants and for setting guidelines on allowed amounts of formula for partially breastfed infants.

In order to strengthen the packages, we recommend the following:

- Share Our Strength recommends that the fully breastfeeding, partially breastfeeding, and fully formula feeding packages for women (Packages V, VI, and VII) should be implemented simultaneously, without a pilot phase. The delay of full implementation might serve as a disincentive for breastfeeding women. We further agree with the rationale in proposing to provide Package VI to partially breastfeeding mothers whose infant is receiving more than the maximum allowances for the partially breastfed infant food package.

II. Fruits and Vegetables

We applaud the addition of fruits and vegetables to the WIC Food Packages III to VII, especially for infants from 6 to 11 months old. We fully support the inclusion of canned, frozen and dried fruits and vegetables, which may be more economical, more accessible, more easily stored by WIC participants, and may better accommodate WIC participant preference. For many low-income families residing in neighborhoods with few grocery stores, accessing fresh fruits and vegetables is not always convenient or easy.

We further support the elimination of fruit juice in Food Package I for infants less than six months of age, consistent with recommendations from the American Academy of Pediatrics (AAP), which emphasize breastfeeding as the primary source of nutrition for the first 6 months. We also support the decrease of fruit juices in Food Packages III to VII for children from 6 to 11 months and women as consistent with recommendations from the AAP and *Dietary Guidelines*. Fruit juice has no nutritional benefit over whole fruit and the proposed changes allow for whole fruits and vegetables. We agree with the proposed rule rationale that by decreasing infant formula maximums and eliminating fruit juice in Package II, fruit and vegetable infant food additions enhance the nutritional value of this package.

While we support the addition of fruits and vegetables, we believe the following recommendations will strengthen the proposed rule:

- The fruit and vegetable benefits should be increased to fully meet the Institute of Medicine (IOM) recommendation to provide \$10 per month of fruits and vegetables for women and \$8 for children. The proposed rule gives children only three quarters of the amount of fruits and vegetables that the IOM determined was necessary for a nutritionally sound children's WIC package. The benefit amount for both women



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and children should be increased to further promote good health and nutrition for participating individuals.

- In addition, we recommend limiting sodium in canned or frozen vegetables to no more than 480 mg per serving (the disqualifying level for the FDA's "healthy" claim). Though canned vegetables contribute little to Americans' sodium intake (overall vegetables contribute less than 1% of average sodium intake)," limiting sodium consumption is an important recommendation in the *Dietary Guidelines*.
- We recommend that the value of the fruit and vegetable benefit reflect a cost of living adjustment. The cost of living adjustment should not be optional, as currently proposed, but required. Without an annual cost of living adjustment, the vouchers would be worth less and would buy smaller amounts of fruit each year as inflation increases.

III. Access to Farmers' Markets

Share Our Strength supports the inclusion of farmers' markets as vendors for the new WIC food package. The availability of fruit and vegetable vouchers will provide great benefit for WIC families. We believe, however, that the following recommendation will strengthen the program:

- The rule should make clear that farmers' markets qualify as eligible WIC vendors provided that they comply with the already well-established farmers' market or WIC Farmers' Market Nutrition Program procedures. WIC vendor requirements should allow farmers' markets to participate as seasonal vendors and exempt them from having to stock the full package.

IV. Whole Grains

We commend the department's emphasis on whole grains in the proposed package changes. Increasing access to whole grains will promote improved health for mothers and children participating in the program.

While we support the inclusion of whole grains, we believe the following recommendations will improve the food package:

- We recommend that the proposed definition of whole grains be revised to reflect whole grains standards used in the USDA's Healthier U.S. Schools guidelines plus two additional alternative criteria of 1) at least 3 grams of fiber for bran cereals and 2) a minimum of 8 grams whole grains. This will ensure that WIC participants can still select healthy corn and rice cereals that may be preferred for cultural, personal, or medical reasons.
- We also recommend that the allowable size for a loaf of bread be consistent with the bread that is available in stores. Loaves of whole-grain bread that are sold in stores



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often weigh more than 1 pound (16 ounces). Under the current proposed rule, WIC participants would have a very limited selection of allowable whole-grain breads to choose from. Because bread is sold by the loaf, not by the pound, we recommend that women participating in the WIC program be offered vouchers that will allow them to purchase whole-grain breads typically available in stores.

V. Cheese and Milk Products

We strongly support the proposed rule bringing the quantity of milk and maximum allowable substitute for cheese for the WIC food packages in line with the *Dietary Guidelines*. In addition, we support the removal of whole milk from the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII). We also support the quantity limits imposed for interchanging cheese for milk allowances and the clarification that cheeses which are labeled low, free, reduced, less or light in sodium, fat or cholesterol are WIC eligible. We believe, however, that the following recommendation will further improve the nutritional quality of the package:

- We recommend that the USDA not allow 2% milk either and that the department require that all milk in the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII) be low-fat (1%) or fat-free (skim). The *Dietary Guidelines* recommend consumption of 1% or fat-free milk. Since milk is a staple in the diet, the saturated fat content from 2% milk can add up; three cups of 2% milk provide 9 grams of saturated fat, which is almost half the Daily Value for saturated fat. Milk is the number one source of saturated fat in children's dietsⁱⁱⁱ and the third largest source in adults' diets.^{iv} One-percent and fat-free milk provide all the nutritional benefits of milk, without extra saturated fat, which few American's can afford in their diets.

VI. Improved Variety for Cultural and Taste Preferences

Share Our Strength supports the proposed rule's inclusion of a greater variety of nutritionally and culturally appropriate food options throughout the packages, which will promote acceptability of WIC foods by the diverse participants. In the twenty-three years since the WIC packages were designed, the country has experienced dramatic population shifts in terms of ethnic and racial diversity. We applaud the USDA for including calcium-set tofu, fortified soy-based beverages, canned legumes, and canned sardines and salmon (as a substitute for canned tuna) to accommodate participants with various cultural and personal food preferences.

VII. Alternative Dairy Products

Share Our Strength supports the proposed rule allowing soy-based beverages and calcium-set tofu as substitutes for milk in Food Package IV, V, VI, and VII. However, we recommend that USDA improve the package in the following way:

- We recommend removal of the medical documentation requirement for children to receive soy beverages in Package IV. The medical documentation requirement unnecessarily restricts access to these dietary options, especially for low-income



1730 M Street NW, Suite 700, Washington, DC 20036

families who have limited access to medical care. By allowing children better access to calcium-fortified soy products as a substitute for milk, the USDA could help to ensure adequate calcium intake during formative years for children with milk allergies and cultural or religious preferences. By allowing children soy products as a substitute for liquid milk, the USDA is helping children with health issues related to milk consumption and cultural or religious preferences obtain adequate calcium intake during formative years.

- In addition, we recommend that the USDA establish alternative minimum nutrient standards for calcium-fortified soy beverages. Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. We recommend USDA follow FDA and industry standards for protein (6.25 grams per 8 ounce serving) and potassium (250 milligrams per serving) for calcium-fortified soy beverages. Since protein is no longer a priority nutrient for WIC and the addition of fruits and vegetable contribute to the food packages' potassium content, these adjusted specifications should not negatively affect the nutritional status of participants.
- Also, we recommend that the USDA clarify that for tofu there is no limit on naturally occurring fat. The type of fat that is found naturally in tofu is not heart unhealthy.

VIII. Implementation

Share Our Strength realizes that implementing the proposed revisions will require considerable effort to refine methods of counseling about options, devise vouchers, and change bookkeeping practices. We urge publication of the final rule by the spring of 2007 to assure timely implementation of the rules invaluable changes and support the proposed timeframe of one year to accommodate the necessary changes to ensure the WIC participants can make informed choices.

Thank you for this opportunity to share support for the healthy WIC food packages and Share Our Strength's recommendations to make them stronger still.

Sincerely,

Pat Nicklin
Managing Director



1730 M Street NW, Suite 700, Washington, DC 20036

¹ U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans*, 2005. 6th Edition, Washington, D.C.: U.S. Government Printing Office, January, 2005.

² Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.

³ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.

⁴ Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.

PI-155

From: WebMaster@fns.usda.gov
Sent: Friday, November 03, 2006 3:28 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Asian American Breastfeeding Coalition
EMAIL: gtg104@yahoo.com
CITY: New York
STATE: New York
ORGANIZATION: Asian American Breastfeeding Coalition
CATEGORY: Other
OtherCategory: WIC Breastfeeding Coalition
Date: November 03, 2006
Time: 03:28:26 PM

COMMENTS:

We believe that in order to be fair among all WIC participants, all women after delivery should not be offered formula for the first month. This will prevent women who partially breastfeed from claiming that they do not breastfeed at all so they can receive the full package of formula. If a woman must have formula due to a medical condition, she should be required to provide medical documentation and the amount provided should be determined by the CPA.

PI-156

MessageFrom: Andrea Hoberman [ahoberman@paclac.org]
Sent: Friday, November 03, 2006 9:13 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

November 3, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

RE: Comments on WIC Food Packages Proposed Rule, Docket ID Number 0584-AD77

Dear Ms. Daniels,

On behalf of the Breastfeeding Coalition of Ventura County, I am pleased to express our support for the USDA's proposed regulations to significantly revise the WIC Food Packages. The Breastfeeding Coalition of Ventura County is comprised of agencies and individuals working together to establish breastfeeding as the cultural norm and to promote maternal and child health through breastfeeding education, support and outreach in Ventura County. We provide education to healthcare providers and the community at large, as well as engage in public awareness and political advocacy surrounding breastfeeding. One of the goals of our Coalition is to work to increase to 75% the number of women who initiate breastfeeding, and increase to 50% the proportion who continue to breastfeed until their babies are 6 months, in accordance with the Healthy People 2010 objectives. We believe that the proposed changes to the WIC Food Packages will greatly strengthen the ability of WIC participants to not only improve the nutrition and health of themselves and their families, but to engage in optimal infant feeding through breastfeeding.

Please consider the following crucial public health issues that the revised WIC Food Package has the potential to impact:

a.. Breastfeeding: We support stronger incentives for continued breastfeeding by providing less formula to partially breastfed infants and providing

additional quantities and types of food for breastfeeding mothers. These changes will promote and support long term successful breastfeeding, which is a key early step in obesity prevention.

b.. Fruits and Vegetables: We support providing 8:2 million WIC mothers and young children with cash-value vouchers to purchase fruits and vegetables, as recommended by the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change." While the IOM recommended \$10/ and \$8/month vouchers, the proposed rule reduced this amount to \$8/ and \$6/month in order to achieve overall cost neutrality. We urge the USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels, and to keep pace with inflation. This will better assist WIC families to purchase and consume fruits or vegetables each day. However, the proposed voucher levels are an excellent start and should be immediately implemented.

c.. Improved Dietary Intake: We support the proposals to reduce the amount of certain foods (milk, cheese, eggs, and juice) in order to better align WIC with current Dietary Guidelines and recommendations from the American Academy of Pediatrics. Specifically: 1) The proposal to reduce juice and replace it with infant food at 6 months will support recommendations by the American Academy of Pediatrics for introducing infants to fruits and vegetables at the appropriate age; 2) The provision of whole grain and soy options will allow WIC to better serve extremely diverse young families; 3) The inclusion of lower-fat milk and less cheese and eggs supports adequate calcium intake, while at the same time lowering saturating fats and cholesterol in accordance with current dietary guidance.

All of these proposed changes will strongly reinforce WIC's nutrition education messages, as well as address the cultural food preferences among California's diverse population.

We look forward to working with USDA and the WIC program to implement these excellent food package improvements over the next few years. These changes will be a major policy force to improve community food security, address the obesity epidemic, and help low-income families make healthier food choices. Taken together, this regulatory proposal will ultimately have a positive impact on the health of women, infants and children in all of California.

Sincerely,

Andrea J. Hoberman, MPH, CLE

Co-Chair, Breastfeeding Coalition of Ventura County

PI-156-157

From: WebMaster@fns.usda.gov
Sent: Friday, November 03, 2006 3:06 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Brooklyn Alliance for Breastfeeding Empowerment Inc. (BABE)
EMAIL: emay629@aol.com
CITY: Brooklyn
STATE: New York
ORGANIZATION: Brooklyn Alliance for Breastfeeding Empowerment Inc.
CATEGORY: Other
OtherCategory: Breastfeeding Coalition
Date: November 03, 2006
Time: 03:05:31 PM

COMMENTS:

BABE would like to take this opportunity to congratulate you for improving the WIC food packages. We recognize that a lot of work and thoughts were put into this initiative. BABE believes that in order to strenghten the new food packages, nutritionists should be able to tailor the infant package according to specific situtaitons based on participant needs. We ask that you take under consideration the mothers who may not be able to breastfeed exclusively due to some medical complications. It would be ideal to set the package in a way that would allow WIC staff to go back and tailor the food package for the mothers who cannot exclusively breastfeed during the infant's first month.

PI-161

From: WebMaster@fns.usda.gov
Sent: Friday, November 03, 2006 11:56 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Cynthia Price
EMAIL: skyprice@gmail.com
CITY: Grand Rapids
STATE: Michigan
ORGANIZATION: Greater Grand Rapids Food Systems Council
CATEGORY: Other
OtherCategory: Advocacy/Systems Change group
Date: November 03, 2006
Time: 11:56:09 AM

Patricia Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22303

Regarding: Docket ID Number 0584-AD77-WIC Food Package Rule

Dear Ms. Daniels:

The Greater Grand Rapids Food Systems Council (GGRFSC) would like to comment in favor of the proposed Women Infant Children (WIC) rule changes which would: 1) allow for fruits and vegetables in the WIC package, and 2) permit vouchers (or some other fund-transfer medium) to be spent at farmers' market.

GGRFSC is a citizen-based council whose mission is "To build a just and sustainable, locally oriented food system for West Michigan; through research, education, advocacy, projects and networking." We are concerned across the board with increased nutritional value, greater access of lower-income people (all people actually) to fresh healthy food, and promoting market mechanisms that allow agricultural producers to reap more profits from what they sow.

We run the Southeast Area Farmers' Market in a lower-income section of Grand Rapids, and this is our first year in a new location. We did very well in attracting neighborhood participation, but the ability to have our farmers be WIC eligible vendors would help us reach our mission even better.

We would, in fact, support an even greater amount of fruits and vegetables in the WIC diet, in line with the Institute of Medicine 2005 original recommendations, which we understand were approximately 133% higher. However, this is a good starting point for change.

We hope that these rule changes will not limit Farmers' Market Nutrition Program coupons (called Project FRESH in Michigan) since this too has helped markets to be successful while increasing lower-income residents' access to fresh food.

We congratulate USDA for proposing changes to the rules which we feel will make a great improvement in the WIC program.

Sincerely,

Cynthia Price
Chair

PI-162

From: WebMaster@fns.usda.gov
Sent: Friday, November 03, 2006 2:50 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Lorry Loughman, Trezi Lutz, Maria Robles, Dosoon Min, Onidis
Gonzalez,
EMAIL: lorrylough@comcast.net
CITY: Hudson Valley Region
STATE: New York
ORGANIZATION: Hudson Valley Breastfeeding Coalition
CATEGORY: Other
OtherCategory: WIC breastfeeding coalition
Date: November 03, 2006
Time: 02:49:42 PM

COMMENTS:

We agree with:

Whole grain bread and other whole grain alternatives, elimination of whole milk for all age 2 and over, addition of soy milk and tofu alternatives without medical documentation, fruits and vegetables, canned beans, and 51% whole grain cereals.

Suggest: exclusive breastfeeding mother have 1 can powder formula backup if the infant is not a preemie, eliminate juice entirely, give \$12 fruit and vegetable voucher for exclusive breastfeeding mothers and \$8 for all others, add canned chicken to exclusively breastfeeding mothers.

PI-163

From: WebMaster@fns.usda.gov
Sent: Friday, November 03, 2006 2:59 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Lillian Borrero, Marcia Rappaport, Marian Panganiban, Akweley
Massaquoi
EMAIL: mrappaport@ryancenter.org
CITY: New York
STATE: New York
ORGANIZATION: Manhattan Family Breastfeeding Task Force
CATEGORY: Other
OtherCategory: WIC Breastfeeding Coalition
Date: November 03, 2006
Time: 02:58:31 PM

COMMENTS:

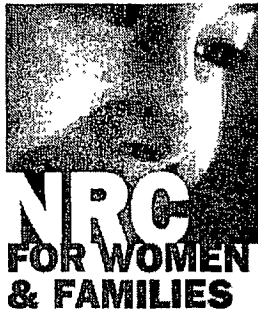
We think there should be partially breastfeeding package of up to 4 cans of powdered formula for the first month with a partially breastfeeding package for mom. We support the other changes for the other breastfeeding packages.

We support the other alternatives to tuna fish for exclusively breastfeeding moms but we recommend the addition of chicken as a protein choice.

Fruits and Vegetables for mom and infant instead of juice is a healthy proposal however we recommend that exclusively breastfeeding mom should receive \$10.00 per month in voucher.

We support the whole grain initiative.

We are pleased that the infant cereal will be delayed until six months of age for consistency with the AAP guidelines.



PI-164

11-03-06 email from Mona Bormet [mb@center4research.org]

November 3, 2006

Patricia N. Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Service, U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

National Research Center
for Women & Families

1701 K Street, NW
Suite 700
Washington, DC 20006

Phone (202) 223-4000
Fax (202) 223-4242

www.center4research.org

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The National Research Center for Women & Families strongly supports the WIC Food Packages Proposed Rule. A healthful diet is a family responsibility, but WIC policies are essential in encouraging the best possible nutrition for low-income families,] and a healthy start for young children.

We applaud the U.S. Department of Agriculture (USDA) for working to update and strengthen the WIC food packages to better align them with the *Dietary Guidelines for Americans 2005*¹ and the American Academy of Pediatrics' infant feeding recommendations and to better address current nutritional concerns for WIC participants. As USDA finalizes the regulations, we strongly urge you to strengthen the final rule in the following areas:

Fruits and Vegetables. A vital improvement proposed for the WIC food packages is the addition of more fruits and vegetables, including the addition of fruits and vegetables for infants between the ages of six and eleven months. We strongly encourage USDA to follow the recommendations listed in the Institute of Medicine (IOM) report, *WIC Food Packages: Time for a Change*, and to provide WIC mothers and children with the full cash value voucher amount (\$10/month and \$8/month) for fruits and vegetables.

Most Americans, including WIC families, consume less than half of the fruits and vegetables recommended in the *Dietary Guidelines*. Given the health benefits of increasing fruit and vegetable consumption, this vulnerable population should be given the full benefit recommended by the IOM. The IOM estimated that the \$10/month and \$8/month vouchers would help mothers and children obtain at least one additional serving of fruits or vegetables each day.

Also, we recommend that the final rule require that the value of the fruit and vegetable benefit regularly receive cost of living adjustments (COLA); the COLA should not be optional. Without a COLA, the vouchers will buy fewer

fruits and vegetables over time, resulting in participants receiving fewer fruits and vegetables than recommended by IOM.

We support allowing fruit and vegetable vouchers to be used to buy fresh, canned, frozen, and dried fruits and vegetables to provide maximum choice and variety for WIC participants.

In addition, we recommend limiting sodium in canned or frozen vegetables to no more than 480 mg per serving (the disqualifying level for the Food and Drug Administration's [FDA] "healthy" claim). Though canned vegetables contribute relatively little to Americans' sodium intake,² limiting sodium consumption is an important recommendation in the *Dietary Guidelines*.

We support the restrictions on added sugars, starches, or salt in infant food in the proposed rule.

We urge that WIC state agencies require small vendors to provide more than just two varieties each of fruits and vegetables. Each vendor should be required to carry a wide selection of fruits and vegetables. This would have the potential to increase participants' access to fruits and vegetables. For example, in the Calaveras County WIC Fruit and Vegetable Project, "Mom-and-Pop" stores increased the variety of fruits and vegetables available for sale as a result of the WIC fruit and vegetable voucher.

Juice. We strongly support the proposed elimination of fruit juice for infants and decreases in the quantity of juice for children and women in the food packages. We share pediatricians' concerns about over-consumption of fruit juice by infants and young children.³

Whole grains. We strongly support the emphasis on whole grains in the revised food packages. Those changes will help WIC participants consume more whole grains as recommended by the *Dietary Guidelines*.

We recommend that USDA replace its proposed definition of whole grains with the definition from the HealthierUS School Challenge. We recommend that whole grain WIC cereals and bread meet at least one of the following standards:

- The product must be whole grain according to a Standard of Identity;
- The ingredient statement on the label must list a whole grain as the first ingredient;
- Where the first listed ingredient is not identified clearly as a whole grain (for example, the first ingredient is "corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is whole grain;
- If the first listed ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product; for

such products, documentation must be obtained from the manufacturer; and/or

- o If the label carries the whole grain health claim (“diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may help reduce the risk of heart disease and certain cancers”) on its product label, no further documentation is required.

Consumption of whole grains is associated with lower risk of type 2 diabetes,⁴ coronary heart disease,⁵ ischemic stroke,⁶ and weight gain.^{7,8} Whole grains contain fiber, antioxidants, and the components of antioxidant enzymes such as selenium, copper, and manganese that may help to prevent disease. Unfortunately, on average, low-income individuals consume 40% less whole grain foods than individuals with high socio-economic status.⁹

We support allowing soft corn or whole wheat tortillas as an alternative to whole grain bread. However allowing only tortillas with no added fat or oils is too restrictive. We recommend allowing tortillas that are low in saturated fat and contain less than 0.5 g trans fat per serving.

Also, we support retaining the proposed limit on sugars in WIC cereals. Even with USDA’s proposed limit on sugars and the definition for whole grains proposed above, there will be plenty of cereal options available to WIC participants. In October 2006, one large grocery store (Safeway) in Washington, D.C. had 95 cereals for sale that met both the whole grains definition above and USDA’s proposed limit on sugars. Those criteria also will provide an incentive for companies to introduce new products and reformulate existing products, which would make it easier for WIC participants to increase their intake of whole grains and decrease their intake of sugars, as recommended in the *Dietary Guidelines*.

Milk. We strongly support the proposed rule bringing the quantity of milk in the WIC food packages in line with the *Dietary Guidelines*. It has not made sense for the WIC food packages to provide more milk than is recommended. In addition, we support the removal of whole milk from the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII).

Cheese. To help WIC participants limit their saturated fat intake, we urge USDA to require all cheese offered in the food packages to be light, reduced, or low in fat to be consistent with the recommendation in the *Dietary Guidelines* to select milk products that are low fat or fat free. Cheese is the leading source of saturated fat in the diets of American adults¹⁰ and the second largest source in children’s diets.¹¹

Dairy substitutes. We support the proposed rule regarding allowing soy-based beverages and calcium-set tofu as substitutes for milk in Food Package IV, V, VI,

and VII. However, we recommend that USDA remove the medical documentation requirement for children to receive soy beverages in Package IV. The medical documentation requirement unnecessarily restricts access to these dietary options, especially for low-income families who have limited access to medical care. In addition, medical documentation is irrelevant for women who prefer not to have their child consume dairy products for cultural, religious, or other non-medical reasons. By allowing children better access to calcium-fortified soy products as a substitute for milk, the USDA could help to ensure adequate calcium intake during formative years for children with milk allergies or cultural or religious preferences.

In addition, we recommend that USDA establish an alternative minimum nutrient standard for soy beverages. Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8-ounce serving. We recommend that USDA follow FDA and industry standards for protein (6.25 grams per 8-ounce serving) and potassium (250 milligrams per serving) for calcium-fortified soy beverages. Since protein is no longer a priority nutrient for WIC and the addition of fruits and vegetables contribute to the food packages' potassium content, these adjusted specifications should not negatively effect the nutritional status of participants.

Also, we recommend that USDA clarify that, for tofu, there is no limit on naturally occurring fat. The type of fat that is found naturally in tofu is heart-healthy.

Eggs. We strongly support the proposed rule on reducing the quantity of eggs in the WIC food packages to bring them in line with the recommendations in the *Dietary Guidelines* for decreasing cholesterol and saturated fat intake. Eggs are the single largest source of cholesterol in the diets of both adults¹² and children.¹³ In addition, reducing the quantity of eggs in the food packages makes sense since protein is no longer a nutrient of concern for WIC participants.

Breastfeeding. We strongly support USDA's proposed revisions to the WIC food packages to provide greater incentive for breastfeeding. According to the USDA, breastfeeding is associated with decreased incidence of lower respiratory infection, otitis media, diarrhea, bacterial meningitis, necrotizing enterocolitis, and urinary tract infection and it may enhance cognitive development.¹⁴ In addition, higher breastfeeding rates among WIC participants would decrease the costs of providing infant formula through the WIC Program.

Cultural and taste preferences. We support the proposed inclusion of a greater variety of options throughout the food packages to promote greater acceptability of WIC foods by participants. As mentioned above, we support allowing the substitution of whole grain tortillas for bread and calcium-fortified soy beverages or tofu for milk. We also support the option of substituting canned beans for dry

beans in Food Packages III, IV, V, VI and VII and canned salmon or sardines for light tuna in Food Package VII.

Overall, we strongly support USDA's proposed rule for updating the WIC food packages. The proposed changes will better support WIC participants' efforts to eat healthfully and comply with the *Dietary Guidelines*. We urge USDA to publish the final rule promptly, by spring 2007 at the latest, to bring these improvements to WIC participants as soon as possible.

Sincerely,

The National Research Center for Women & Families

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- ¹ U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans, 2005*. 6th Edition, Washington, D.C.: U.S. Government Printing Office, January, 2005.
- ² Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.
- ³ Committee on Nutrition, American Academy of Pediatrics. "The Use and Misuse of Fruit Juice in Pediatrics." *Pediatrics* 2001, vol. 107, pp. 1210-1213.
- ⁴ Fung T, Hu F, Pereira M, Liu S, Stampfer M, Colditz G, and Willett W. "Whole-Grain Intake and the Risk of Type 2 Diabetes: a Prospective Study in Men." *American Journal of Clinical Nutrition* 2002, vol. 76, pp. 535-540.
- ⁵ Liu S, Stampfer M, Hu F, Giovannucci E, Rimm E, Manson J, Hennekens C, and Willett W. "Whole-Grain Consumption and Risk of Coronary Heart Disease: Results from the Nurses' Health Study." *American Journal of Clinical Nutrition* 1999, vol. 70, pp. 412-19.
- ⁶ Liu S, Manson J, Stampfer M, Rexrode K, Hu F, Rimm E, and Willett W. "Whole Grain Consumption and Risk of Ischemic Stroke in Women." *Journal of the American Medical Association* 2000, vol. 284, pp. 1534-1540.
- ⁷ Ludwig D, Pereira M, Kroenke C, Hilner J, Van Horn L, Slattery M, and Jacobs D. "Dietary Fiber, Weight Gain, and Cardiovascular Disease Risk Factors in Young Adults." *Journal of the American Medical Association* 1999, vol. 282, pp. 1539-1546.
- ⁸ Liu S, Willett W, Manson J, Hu F, Rosner B, and Colditz G. "Relation between Changes in Intakes of Dietary Fiber and Grain Products and Changes in Weight and Development of Obesity among Middle-Aged Women." *The American Journal of Clinical Nutrition* 2003, vol. 78, pp. 920-927.
- ⁹ Putnam J, Allshouse J, and Kantor L. "U.S. per Capita Food Supply Trends: More Calories, Refined Carbohydrates, and Fats." *FoodReview* 2002, vol. 25, pp. 2-15.
- ¹⁰ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Adults, 1989 to 1991." *Journal of the American Dietetic Association* 1998, vol. 98, pp. 537-547.
- ¹¹ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.
- ¹² Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Adults, 1989 to 1991." *Journal of the American Dietetic Association* 1998, vol. 98, pp. 537-547.
- ¹³ Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.
- ¹⁴ Weiner J. Food and Rural Economics Division, Economic Research Service, USDA. *The Economic Benefits of Breastfeeding. A Review and Analysis*. Washington, D.C.: USDA, 2001.

PI-165

From: Jeanne Spencer [JSpence@conemaugh.org]
Sent: Friday, November 03, 2006 3:50 PM
To: WICHQ-SFPD
Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule"

I am the chair of the Pennsylvania Breastfeeding Coaliton. Below, please find the comments from our coalition.

Jeanne Spencer, MD

Proposed Rule - WIC Food Package Revision

Published August 7, 2006

Pennsylvania Breastfeeding Coalition Comments

The Pennsylvania Breastfeeding Coalition is a non-profit organization of dedicated professionals and non-professionals who donate their time and efforts to activities that promote breastfeeding. There is statewide representation on the coalition from local, state, and national organizations.

Established in 1992, the vision of the Pennsylvania Breastfeeding Coalition is to reestablish and promote breastfeeding as a cultural norm in Pennsylvania.

The mission of the Coalition is to provide support for community and statewide efforts to protect, support and promote breastfeeding as the cultural norm.

The following comments address our support and concerns of the proposed revisions in the WIC Food Packages.

1.. Proposed Change: During the first month after birth, infants will be categorized as either "fully breastfeeding" or "fully formula feeding". No formula will be provided to any infant classified as breastfeeding during the first month of life.

Comment: Although we recognize that the intention of this change is to increase breastfeeding duration by preventing early formula supplementation, it raises the following concerns:

a.. It will likely decrease both breastfeeding incidence and duration for the following reasons:

a.. 1) Fear of inadequate milk supply is one of the most common reasons for discontinuance during the first few weeks. If formula is unavailable on the breastfed infant package, this will motivate women to request that their baby be classified as fully formula feeding.

b.. 2) It creates a negative perception. Benefits get 'taken away' if a woman chooses to breastfeed.

c.. 3) Providing more complimentary foods at 6 months will not serve as an incentive to the pregnant woman or the mother of a newborn who perceives formula as a program benefit.

d.. 4) It will encourage mothers to switch feeding methods to fully formula feeding, even if she is doing any breastfeeding, therefore more formula may be issued than before the suggested revision.

e.. 5) Due to number 4, WIC breastfeeding statistics will not be reliable. We suggest that the WIC Program take a stronger stand in promoting and supporting breastfeeding by delaying formula issuance for all infants until one month of age (unless there is a documented medical need for a special formula, fortifier or infant with special needs). Standard formula is readily available during the first month from many non-WIC sources (free samples at many offices or clinics during prenatal visits, hospital discharge bags, and formula company mailings and "baby clubs").

Delaying standard infant formulas on all infants will serve as an incentive for women to at least try breastfeeding and help to prevent early supplementation and premature weaning.

1.. Change: Beginning in the second month after birth, infants can also be considered "partially breastfed". A partially breastfed infant will be defined as a breastfed infant who receives up to about 1/2 the amount formula allowed for a fully formula fed infant.

Comment: We support this limitation of formula because it will:

- a.. Encourage breastfeeding duration by decreasing supplemental formula use.
- b.. Give a clearer indication of mothers that are truly breastfeeding
- c.. Decrease potential for fraud where mothers just say they are breastfeeding in order to receive a breastfeeding package for themselves as well as a full formula package for their infants

a.. Change: Fully breastfed infants will receive baby food meat.

Comment: We support this change which will provide breastfed infants with additional iron and zinc, and help encourage fully breastfeeding and breastfeeding duration with this provision of additional foods.

b.. Change: Women pregnant with multiple fetuses and women partially breastfeeding multiple infants will be eligible for the same amount of foods as fully breastfeeding women. Women fully breastfeeding multiple infants will be eligible for 1.5 times the amounts of foods as other fully breastfeeding women.

Comment: We support this change.

c.. Change: Children will receive a \$6 cash voucher and women will receive an \$8 cash voucher for any combination of fresh, canned, or frozen fruits and vegetables.

Comment: We support this change.

d.. Change: We support that low iron infant formula will not be allowed for any infant.

Comment: We support this change.

e.. Change: Complementary foods will not be provided until 6 months.

Comment: We support this change.

j.. Change: Juice will no longer be provided to infants. Exclusively breastfed infants will get 256 oz/month of single ingredient or combination of single ingredients fruits and vegetables.

Comment: We support this change.

The Coalition appreciates the invitation to submit comments. Proposed changes have the opportunity to produce significant results. Promotion of breastfeeding incidence and breastfeeding duration improvement among WIC participants is critically needed. We applaud the Department of Agriculture in recognizing this need and willingness to revise the WIC Food Packages with the goal of promoting and supporting breastfeeding.

The following members of the Pennsylvania Breastfeeding Coalition support the above comments as written.

Jeanne Spencer, MD Chair of the Pennsylvania Breastfeeding Coalition

Other members in agreement with the entirety of this statement:

Rosa Snyder Boyd, IBCLC

Barbara A. Shocker BSN IBCLC Penn State Hershey Medical Center

Martha Kautz, RNC, IBCLC Ephrata Community Hospital

Judy Gutowski

Linda Costanza Kelley RN, IBCLC, ICCE

Wendy Shore, RN IBCLC Memorial Hospital

PI-166

From: WebMaster@fns.usda.gov
Sent: Friday, November 03, 2006 7:47 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Sarah Samuels
EMAIL: sally@samuelsandassociates.com
CITY: Oakland
STATE: California
ORGANIZATION: Samuels & Associates
CATEGORY: Other
OtherCategory: Public Health Research and Evaluation Firm
Date: November 03, 2006
Time: 07:47:04 PM

COMMENTS:

October 31, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.

Dear Ms. Daniels,

We are pleased to hear about the significant revisions to the Special Supplemental Nutrition Program for Women, Infants and Children food packages in USDA's proposed regulations and appreciate the opportunity to comment on these regulations. Samuels & Associates, a public health evaluation, research and policy consulting firm, supports the reforms and believes that they will enhance the WIC program's ability to support low-income families in making healthier food choices.

We are glad to see that the proposed rule closely reflects the science-based recommendations of the Institute of Medicine published in their April 2005 report entitled, WIC Food Packages: Time for a Change. Changes to the WIC Food Packages are also consistent with the 2005 Dietary Guidelines for Americans and recommendations of the American Academy of Pediatrics. In particular:

- We support providing WIC participants with fruits and vegetables, lower fat dairy products and whole grains. This change coincides with the 2005 Dietary Guidelines for Americans and will ensure that WIC participant will receive adequate nutrients, while at the same time lowering saturated fats and cholesterol.
- We support eliminating fruit juice for infants and decreasing fruit juice for children, as it will allow WIC participants to meet the recommendations of the American Academy of Pediatrics around fruit juice consumption.
- We agree that providing alternative calcium sources such as soy beverage (soy milk) and tofu are necessary additions to the food packages to address milk

protein allergy, lactose maldigestion, personal preferences, and cultural diversity of the WIC population.

- We also believe that enhancing food packages for breastfeeding mothers and providing less formula to partially breastfed infants will provide stronger incentives for breastfeeding initiation and continuation.

While the proposed reforms are an excellent start and should be implemented as soon as possible, we urge you to reconsider the voucher levels for fruits and vegetables before issuing the final rule. While proposed voucher levels for fruits and vegetables will be helpful, the IOM originally recommended \$10/ and \$8/month in vouchers. The proposed rule reduces this amount to \$8/ and \$6/month in order to achieve overall cost neutrality. We urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels. This will better assist WIC families to purchase and consume fruits or vegetables each day.

Samuels & Associates commends USDA for the release of the proposed rule. All of the proposed changes will strongly reinforce WIC nutrition education messages, as well as address the cultural food preferences among the diverse WIC population. These changes will be a major policy lever to improve community food security, address the obesity epidemic, and help low-income families make healthier food choices. We urge USDA to review comments on the proposed rule quickly and efficiently, and publish a final rule as soon as possible.

Sincerely,

Sarah Samuels
President
Samuels & Associates
1222 Preservation Park Way
Oakland, CA 94612
(510) 271-6799 PHONE
(510) 271-6791 FAX
sarah@samuelsandassociates.com
www.samuelsandassociates.com

PI-169

From: reed mangels [reedmangels@comcast.net]
Sent: Friday, November 03, 2006 4:19 PM
To: WICHQ-SFPD
Cc: reed@vrg.org; Charles Stahler; Reed Mangels
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

November 3, 2006

Ms. Patricia N. Daniels, Director

Supplemental Food Programs Division

Food and Nutrition Services

U.S. Department of Agriculture

3101 Park Center Drive, Room 528

Alexandria, Virginia 22302

RE: Comments on WIC Food Packages Proposed Rule,

Docket ID Number 0584-AD77.

Dear Ms. Daniels,

The Vegetarian Resource Group, a non-profit organization with more than 12,000 members, welcomes the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages. We commend the Department for proposing important changes to WIC that are consistent with the 2005 Dietary Guidelines for Americans and align with the American Academy of Pediatrics infant feeding recommendations. We especially appreciate the Department's focus on accommodating participants with cultural food preferences. As the number of vegetarians in the United States grows, it becomes increasingly important to include provisions for foods acceptable to vegetarians in programs like WIC. We believe that the proposed changes, with modifications as noted below, when implemented, will strengthen the WIC program's ability to improve the nutrition and health status of millions of families.

We would like to specifically address several areas of the proposed regulations:

Soy-based Beverages and Tofu

The provision of soy options will allow WIC to better serve vegetarians, Asian Americans, people with lactose intolerance, those with milk allergies, and others who prefer to limit or avoid dairy products. The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as a replacement for milk. We support this change. We are concerned about the ability of calcium-fortified soy-based beverages currently on the market to meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to choose soy. This change will not have a major effect on the protein and potassium contribution of soymilk to the total diet. In addition, the added servings of fruits and vegetables included with these proposed changes to WIC packages will also promote an increased potassium intake.

We also urge that children be able to receive soy products without the proposed requirement of unnecessary and burdensome medical documentation. The stated reason for this documentation is that it "ensures that a child's medical provider is aware that the child may be at nutritional risk when milk is replaced by other foods." We question the need for this since soy-based beverages are required to be fortified with nutrients in amounts similar to cow's milk and are, for practical purposes, nutritionally similar. This required medical documentation will add an unnecessary expense and may potentially deter some vegan and lactose intolerant clients from choosing this option. This could lead to their missing out on some important nutrients.

Fruits and Vegetables

We support the provision of cash-value vouchers to purchase fruits and vegetables. While the IOM recommended \$10/ and \$8/month vouchers, the proposed rule reduced this amount to \$8/ and \$6/month in order to achieve overall cost neutrality. We urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels, and to keep pace with inflation. This will better assist WIC families to purchase and consume fruits or vegetables each day. However, the proposed voucher levels are an excellent start and should be immediately implemented.

Whole Grains

We support the promotion of whole grains in the revised food packages, and limiting sugars in WIC cereals. Both of these changes have the potential to lead to increased fiber intakes and other health benefits.

Dried Beans

We support the addition of canned and dried beans and peanut butter to food packages for postpartum women. These foods provide iron, protein, folate, and fiber and are an acceptable alternative for many women who wish to avoid or limit meat due to its high saturated fat content or other concerns. The

addition of canned beans allows for greater flexibility and for convenience. Many people do not have time to cook dried beans but would find canned beans quite acceptable.

Cheese and Eggs

We support recommendations to reduce the amount of cheese and eggs due to the saturated fat and cholesterol content of these foods.

Breastfeeding

We commend measures to encourage and support breastfeeding.

Complementary Foods for Infants

We support the change to age six months for the introduction of complementary foods. This change reflects current recommendations for introduction of these foods. While provision of infant meat represents one means of increasing dietary zinc, vegetarians and others who do not want their infants to eat meat will not benefit from the additional zinc. Vegetarian women are more likely to breast-feed than nonvegetarian women and will not be able to take advantage of infant meat as a dietary zinc source. We suggest including a non-meat option zinc source. Infant meat supplies between 0.86 mg and 1.75 mg of zinc per jar (USDA Nutrient Database for Standard Reference). Tofu and dried beans are low-cost alternatives. Firm tofu (1/4 cup) provides 0.99 mg of zinc while 1/4 cup of cooked lentils or chickpeas provides 0.63 mg of zinc. These foods would need to be well mashed or pureed to be acceptable for infants. Another option is wheat germ, providing 0.9 mg of zinc in a tablespoon. While these amounts of zinc are not as high as those in meat, these foods represent an alternative source of zinc for vegetarians and are better than completely ignoring the zinc needs of this group. In addition, these foods could be used as a source of iron and protein in the diets of vegetarian infants.

Thank you for the opportunity to comments on the proposed changes. We eagerly await their implementation and the positive impact these revisions will have on the health of women, infants, and children. We look forward to publicizing the final regulations to the more than 150,000 people who visit our website each month.

Sincerely,

Reed Mangels, PhD, RD, LD, FADA

Nutrition Advisor, The Vegetarian Resource Group

PI-171

email 11-03-06 from Linda Stone [Linda@childrensalliance.org]

Western Region Anti-Hunger Consortium

October 26, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.

Dear Ms. Daniels:

Thank you for this opportunity to express our support for USDA's proposed reforms to the WIC food package and to suggest further improvements to the proposed rule. The Western Region Anti-Hunger Consortium (WRAHC) includes anti-hunger advocates from eleven western states, and we believe that the new package will enhance the nutrition and well-being of needy women, infants and children in our region.

We applaud the inclusion of vouchers for fruits and vegetables, as recommended by the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change." Research indicates that access to fresh fruits and vegetables is key to promoting good health and fighting obesity, yet low-income families such as those served by WIC face many barriers to accessing fresh produce. We are dismayed that the proposed rule reduces the IOM-recommended allotments from \$10 and \$8 per month to \$8 and \$6 per month. We urge USDA to work with Congress to secure increased federal funding to match the IOM's recommendation. We also urge USDA to commit to indexing the allotment to inflation and to use a methodology that does not allow its value to erode considerably between adjustments.

We also support the option to substitute soy milk and tofu for dairy products. Our region is home to a large share of Asian-Americans, American Indians and Alaska Natives, who are disproportionately affected by milk allergies and lactose intolerance. The proposed substitutions give these clients another option to meet their nutritional needs. We urge USDA to remove the proposed requirement for a medical prescription for children to get soy milk or tofu. This policy would only serve as a barrier to low-income children getting food that meets their nutritional needs.

We recommend that USDA revise the proposed whole grain cereal standard to allow WIC participants to purchase popular whole-grain corn, rice, and bran cereals that meet nutritional

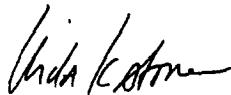
standards. The proposed standard is a barrier to clients with wheat allergies and clients with cultural preferences for other kinds of cereal. For example, corn-based cereals may be a more culturally appropriate option for the 2.5 million Hispanic women and children in WIC.

We strongly support federal protections of client choice and the integrity of the WIC food package. We oppose giving states the authority to limit the fruits and vegetables that clients may select. We support the proposed rule's prohibition of categorical tailoring, which would enable states to make cuts to the WIC food package. These protections will safeguard the nutritional value of the food package and ensure that WIC continues to produce excellent results after the new package is implemented.

In addition, USDA's inclusion of farmers' markets as vendors for the new WIC food package fruit and vegetable vouchers is commendable, and, along with the continuation of the WIC Farmers' Market Nutrition Program, will be helpful for WIC families. The rule should make clear that farmers' markets qualify as eligible WIC vendors provided that they comply with the already well-established farmers' market or WIC Farmers' Market Nutrition Program procedures. WIC vendor requirements will need to allow farmers' markets to participate as seasonal vendors and exempt them from stocking the full package.

In summary, we enthusiastically support the new WIC food package and urge USDA to make changes necessary to increase the number of nutritious and culturally appropriate foods available to clients. The proposed reduction of the voucher value for fruits and vegetables is of major concern and must be addressed prior to final rules. We are deeply appreciative of WIC's role in reducing hunger and promoting good nutrition in the western region. We hope that USDA will move quickly to implement the final rule, and we thank you for this opportunity to weigh in on these long-overdue changes.

Sincerely,



Linda Stone
Eastern Washington Director, Children's Alliance
Chair, Western Region Anti-Hunger Consortium

WRAHC Members:

Food Bank of Alaska
Alaska Food Coalition
Association of Arizona Food Banks
Arizona Community Action Association
Tucson Food Bank
California Food Policy Advocates
California Association of Food Banks
California Hunger Action Coalition
Alameda Community Food Bank
Hidden Harvest, Inc.

Bread for the World, Western Region
Colorado Anti-Hunger Network
Kauai Food Bank, Inc.
The Idaho Food Bank

Montana Food Bank Network
Food Bank of Northern Nevada
Oregon Hunger Relief Task Force
Oregon Food Bank
Utahns Against Hunger
Children's Alliance, Washington

Food Lifeline, Seattle
Northwest Harvest, Seattle
Washington Food Coalition

PI-172

From: WebMaster@fns.usda.gov
Sent: Saturday, November 04, 2006 12:10 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Lyn Smiley
EMAIL: lynlaurie@comcast.net
CITY: Sebastopol
STATE: california
ORGANIZATION: california parenting institute
CATEGORY:
OtherCategory: nonprofit parent education organization
Date: November 04, 2006
Time: 12:10:22 PM

COMMENTS:

To whom it may concern: Hooray on the new proposed revisions. I hope the milk is 1% or less for children over 2 years, and I wish for all moms to know that they and their children need lots more vitamin D.

PI-173

From: CDANGEISLER@aol.com
Sent: Saturday, November 04, 2006 8:15 PM
To: WICHQ-SFPD
Cc: rmohelnitzky@secondharvest.org; ghansen@cacscw.org
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule"

Dear Ms. Daniels:

The Hunger Prevention Council of Dane County, Inc. strongly endorses the adoption of the proposed USDA revisions of the "WIC Food Packages Rule" proposed in the Federal Register on August 7, 2006. WIC is one of the most important public health programs in our country, because it is dedicated to improving the health and vitality of our most vulnerable citizens at some of the most vulnerable periods in their lives: infancy, early childhood, and, for each new mother, the critical 12-month period from early pregnancy through birth and onto, hopefully, the nursing of their child(ren).

As an emphasis on the great vulnerability of the WIC clientele, and their great need for the good nutrition of which they are evidently unable to provide for themselves, we report to you relevant findings from our 2003 survey of food-pantry clients in the 26 food pantries in the Dane County Food Pantry Network* (see below). Of the 2,206 respondents in the survey (representing at least 36% of those households using the food pantries), almost 2/3 (62%) had children in them. Of those households with young children in them, 40% of them reported being enrolled in WIC. Such a high percentage is distressing to us, because it means that these families were not getting all of the food that they needed, even with the help of WIC. Having to turn to food pantries for the needed additional food means these families were even so still at risk of hunger and malnutrition, not only because the food-pantry supplies in our county are quite limited, but also because the largely donated food provided by the pantries is often of a random and limited variety, whose nutritional value for young children and expectant/new mothers is totally unknown.

Therefore, anything which can strengthen the nutritional value and extent of the WIC food program is enthusiastically endorsed by the Hunger Prevention Council. In particular, we applaud the following proposed rule changes: 1) the increased support for exclusive breast feeding for the first six months of life, which is consistent with the dietary guidelines of the American Academy of Pediatrics; 2) the replacement of juice for infants with infant-food vegetables and fruits for infants starting at six months of age, also approved by the Academy of Pediatrics and consistent with the "2005 Dietary Guidelines for Americans"; 3) the replacement of whole milk by low-fat milk (consistent with "Dietary Guidelines", lowers fat and cholesterol intake); 4) the replacement of refined grains with whole grains (consistent with the "Dietary Guidelines", known to

improve health in many ways); and 5) a wider variety of foods, so as to increase the intake of nutritious foods by people of differing backgrounds.

Finally, there is one change in the proposed new rule that we request: the restoring of fruit and vegetable amounts to those determined by the Institute of Medicine as necessary for a nutritionally adequate children's diet. The proposed new rule gives children only 3/4 of the Institute's recommendations in that category. Surely additional food of this type, known to be beneficial to health and development, will more than pay its way over the long run, just as WIC today will pay for itself many times over in future years through healthier citizens and reduced remedial costs.

Thank you for your consideration of this letter. We value highly what WIC is doing, and we write only in the hopes of improving its essential work.

Sincerely,

Kathy Sandefur, President
Hunger Prevention Council of Dane County, Inc.-P.O. Box 46006, Madison, WI 53744

*"Report on the Survey of Users of Dane County's Food Pantries during October 2003", The Hunger Prevention Council of Dane County, Inc., in cooperation with The Community Action Coalition of South Central Wisconsin, Inc., and the University of Wisconsin-Madison, April 2004.

Incorporating Prevention into the WIC Food Package: How Revising WIC Food Packages Can Shift Lives

Position Paper

Background

Overweight, Obesity, and Malnutrition are by far the most common and costly public health concerns facing the United States today, and unfortunately, the inadequate or excessive intake of certain nutrients in the existing WIC food packages have contributed to this skyrocketing trend. In California WIC, for example, 18.6% of Children aged 3 to 5 are overweight, and an additional 17.2% are borderline overweight. This means that well over one third of California WIC participants are suffering from obesity or are at the risk of obesity and its related disease. The consequences of such a development are economically and morally staggering, and can no longer be ignored. The presence of persistent malnutrition and overweight are the main cause of Type II diabetes, heart disease, respiratory difficulty, and psychosocial problems in our youth that in totality cost the State of California an estimated \$25 billion annually.

A single program has the ability to reach one-half of all infant caregivers, one-fourth of all preschoolers, and one-third of all expectant mothers in the United States. And, more importantly, this plan is pre-existing. Experts agree that early intervention, coupled with the prevention of high-risk behavior, is key if we are to reverse the current trend in childhood obesity and overweight. Since life-long diet and activity norms are formed early in pliable toddlers, it is imperative that we address the issues early on. Although doing so will be challenging, the scope and focus of WIC's existing infrastructure offers us a unique opportunity to tackle the problem head on. Clearly the WIC program is a natural and efficient fit for creating a lasting impact on the obesity epidemic in the United States and California.

The economic benefits of averting childhood obesity and its related disease are vast. Since it has been predetermined that the proposed changes in the WIC food packages can be accomplished without an increase in the projected costs, the savings in treatment of averted disease are a yet unrealized gain. It can be assumed, therefore, that going forward, the aggregate benefits of this Pareto policy are abundant and undetermined. Subsequently, the USDA has requested numerous revisions to the WIC program. These include, but are not limited to, the inclusion of fruits and vegetables for participants six months of age and older along with whole grains for both women and children. Additionally, the USDA is calling for the elimination of sugary fruit juices in infant food packages, and the reduction in the maximum amounts of milk, cheese and eggs, which are currently the greatest source of both saturated fat and cholesterol.

Junior League of Los Angeles Position on Revisions to the WIC Food Packages

The Junior League of Los Angeles, along with our community partners Downtown Women's Center, Children's Institute, Inc., Commonground, and Boys and Girls Club of Venice, applaud and support the USDA recommended changes to the WIC food packages. Women, mothers and young children need these revisions in order to safeguard their health and that of their families and communities.

PI-175

From: Nancy Ballard [Nancy.Ballard@ventura.org]
Sent: Monday, November 06, 2006 9:16 PM
To: WICHQ-SFPD
Subject: WIC Food Package Rule Support

I would like to add my support to the proposed changes to the WIC food package to include more fruits and vegetables and grain choices and reduce the amount of milk, juices, and eggs.

I believe that is Docket ID Number 0584-AD77, WIC Food Package Rule.

My program works with pregnant and parenting teens and their children. Most of our clients are low income and are enrolled in WIC. WIC is an extremely valuable resource for our teen population and the new nutritional guidelines are recommended.

Thank you,

Nancy Ballard, MA, LMFT
Program Director
Adolescent Family Life Programs
2500 S "C" St. Suite E
Oxnard, Ca. 93033
(805) 385-8659
(805) 385-9146 Fax Number
(800) 781-4449 MCAH Toll Free Number
nancy.ballard@ventura.org

PI-176

SunflowerFrom: Deborah Yashar [deborah@albafarmers.org]
Sent: Monday, November 06, 2006 9:00 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

November 6, 2006

Director Patricia N. Daniels

Supplemental Food Programs Division

Food and Nutrition Services, USDA

3101 Parke Center Drive, Room 528

Alexandria, VA 22302

RE: Special Supplemental Nutrition Program for Women, Infants and Children

(WIC): Revisions in the WIC Food Packages; Proposed Rule, published in the Federal Register on August 7, 2006 [Docket No. 0584-AD77]

Dear Director Daniels,

I would like to express my support for the proposed revisions to the WIC food packages and my strong support for inclusion of vouchers to purchase fruits and vegetables and the ability to use them at farmers' markets. As Executive Director of the Agriculture & Land-Based Training Association (ALBA), a non-profit organization based in Salinas, California, the need for these changes is increasingly evident.

The following points entail some of the changes that ALBA believes the USDA should make to the proposed rule.

(a) incorporating the Institute of Medicine's full recommendations for the amount of fruits and vegetables necessary for a nutritionally adequate children's food package as soon as possible,

(b) coordinating the proposed new, expanded use of the WIC "cash-value food instrument" with the WIC Farmers Market Nutrition Program (FMNP), including automatically allowing WIC FMNP-qualified markets and farmers to redeem the new WIC cash-value food instrument.

Now is a critical time to take these important steps to increase access to fresh fruits and vegetables in order to safeguard the health of low-income women, infants, and children who are at nutrition risk throughout our nation.

Sincerely,

Brett Melone

Executive Director

Agriculture & Land-Based Training Association (ALBA)

P.O. Box 6264

Salinas CA, 93912

PI-178

From: WebMaster@fns.usda.gov
Sent: Monday, November 06, 2006 6:20 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Jayleen Richards
EMAIL: hssbabyfirstsolano@solanocounty.com
CITY: Fairfield
STATE: CA
ORGANIZATION: BabyFirst Solano
CATEGORY: Other
OtherCategory: County Government and non-profit collaborative
Date: November 06, 2006
Time: 06:19:36 PM

COMMENTS:

As a collaborative of both public and private agencies working with pregnant women, infants, and children, BabyFirst Solano supports the proposed changes in the WIC food packages. These changes will better align the food WIC provides with the nutritional information that they are giving women and children. These changes are also more consistent with current dietary guidelines. Reducing the fat content along with adding whole grains, fruits, and vegetables to the package are key to helping women get the nutrition they need to have healthy pregnancies and providing children with the best start.

PI-179

EMAIL 11-06-06 FROM Stefan Harvey [SH@PublicHealthAdvocacy.org]

A nonpartisan, nonprofit
organization established by the
Northern and Southern California
Public Health Associations



Post Office Box 2309
Davis, California 95617
Telephone 530.297.6000
Fax 530.297-6200
www.PublicHealthAdvocacy.org

November 6, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

**RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.**

Dear Pat,

I am writing to further comment on the USDA's proposed regulations to revise and improve the WIC Food Packages, published in the *Federal Register* on August 7, 2006 (CCPHA submitted an initial comment letter on August 18, 2006). My congratulations to you and your staff for the publication of this proposed rule. It was a long time in coming, and I am sure you all were elated when it was finally published.

The California Center for Public Health Advocacy works with the California WIC Association in a variety of efforts to prevent childhood obesity. For example, CCPHA and CWA are members of the Strategic Alliance for Healthy Food and Activity Environments, an alliance of California organizations working to improve the nutrition "environments" of low-income families. The inclusion of vegetables and fruits in the WIC package will help ensure that California's most vulnerable pregnant and breastfeeding women, new mothers and young children have increased access to healthy food. Given the success of the pilot programs which prescribed fruits and vegetables administered by some local California WIC agencies, we join our colleagues in the excitement over the promise the rule change holds.

The timing of the work remaining prior to complete implementation of the new rule is critical. We urge USDA to publish an interim final rule no later than mid-2007; however, we recommend USDA extend the timeline for rollout of the entire package. We suggest that USDA require state agencies to submit implementation plans beginning in the federal fiscal year 2007 (as state plan amendments) with full implementation being required within two years of the publication of the final rule. Based on information we have received from the California State WIC staff, we make this recommendation knowing the complexities involved in such changes and the time needed to successfully implement such complexities.

We join CWA in urging USDA to work with Congress to secure increased funding in future years to bring the cash value of the vegetable and fruit vouchers to the levels recommended by

the Institute of Medicine and to be able to keep pace with inflation. We regard the proposed voucher levels as an excellent start, however. On the topic of inflation, we strongly recommend that the final rule clearly state that the inflation adjustment for the vegetable and fruit vouchers *shall* be made. The language of the proposed rule, *permits*, is not adequate if the value of new component of the packaged is to be maintained over time. Regarding inflation, we urge USDA to revise the proposed methodology for adjusting for inflation. We recommend that USDA use an increment smaller than a whole dollar and round to the nearest increment rather than always rounding downward as proposed.

We also urge the Department to publish a final rule that allows states the flexibility to promote produce that is locally accessible and culturally appropriate, both issues of great importance here in California.

We are excited to learn that farmer's markets can be included as WIC vendors, a development which will greatly strengthen farmers markets here in California; however, we urge USDA to include language in the final rule that exempts farmers markets from vendor authorization requirements. Farmers markets should be allowed to participate as seasonal vendors and should not be required to sell the entire WIC package.

CCPHA applauds USDA's decision to reduce the juice and replace it with infant food at 6 months and commends the Department for including soy options, whole grain bread and other grains and lower-fat milk. We also support the reduction in eggs and cheese.

As an organization that promotes policies to prevent childhood obesity, we are particularly enthused about the proposed incentives for continued breastfeeding in the proposed rule. We urge the Department to raise the cash-value vouchers for vegetables and fruits in the breastfeeding women's package to the original level recommended by the IOM (\$10.00 per month). We urge that a pilot study to test the breastfeeding changes be implemented quickly; however, we are not in favor of the proposal to study the changes prior to **any** implementation of these new proposals. We hope USDA will move forward with caution rather than engaging in a study prior to any implementation.

The publication of these proposed changes is indeed exciting, and the impending implementation of these changes means that local WIC staff will be better able to work with families in their pursuit of the dietary practices spelled out in the 2005 Dietary Guidelines. WIC should strive for no less. These changes will help ensure that millions of American parents are able to provide foods that local WIC nutritionists and other health professionals suggest are best for their children.

Again I congratulate you on the rule publication. I wish you and your staff all the best in the important work that remains to be done before the WIC Program includes a new improved food package.

My best to you and everyone in the WIC Division. I miss working our work together.

Sincerely,

Stefan Harvey
Assistant Director

PI-181

From: Jennifer McClendon [JMcClendon@healthcollaborative.org]
Sent: Monday, November 06, 2006 12:33 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

It is time to change the WIC packages to reflect the 2005 recommended Dietary allowances promoting the new food guide pyramid. As a health educator, it has been very difficult to promote healthy diets to low-income women and families because fruits and vegetables weren't covered under the WIC supplemental food program. Many times our clients understood the importance of eating more nutrient-dense foods, but were unable to do so because of limited financial resources. Summer coupons for the farmers' market do help families purchase a limited amount of fruits and vegetables, but this doesn't suffice to promote year-round consumption. The proposed changes to the WIC package would support the Food Stamp Nutrition Education Programs that currently exist in California promoting increased consumption of fruits and vegetables. I am hopeful that women, infants and children will not only learn about the importance of eating a healthy diet for better health for themselves and their families, but will also be able to buy the associated foods that we work so hard to promote. Thank you to all who worked so hard to create the proposed changes that would align WIC food packages with the Dietary Guidelines!

Jennifer McClendon
Be Active! Worksite Coordinator
Sierra Cascade Regional Nutrition Network

California Health Collaborative
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530-345-2483

PI-182

From: Alicia Hensley [Ahensley@ccj-mi.org]
Sent: Monday, November 06, 2006 10:42 AM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule
November 6, 2006
Director, Supplemental Food Programs Patricia Daniels
3101 Park Center Drive
Room 528
Alexandria, VA 22302

Dear Patricia Daniels,

Patricia Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive Room 528
Alexandria, Virginia 22303

Dear Ms. Daniels:

The Center for Civil Justice is a nonprofit law firm that counsels and advocates for low-income individuals and works in partnership with social and legal services organizations in Eastern Michigan. We specialize in public benefits issues and conduct policy advocacy and community education and outreach related to the Food Stamp Program. The Center for Civil Justice takes part daily in anti-hunger advocacy on a state wide level. We see the daily impact that Food Stamps and the effect this has on low income individuals, especially those with children. We work with organizations and individuals statewide on issues related to food security and access to nutrition programs. On many occasions the Center for Civil Justice refers clients to WIC for help; in return, WIC is a large contributor in referring clients to our agency.

The introduction of fruits and vegetables in WIC food packages

The Center for Civil Justice supports the addition of fruits and vegetables to the WIC food packages as proposed by USDA. Many Americans, especially lower income families and children, will benefit from this proposal that will distribute a greater share of public nutrition assistance resources for the healthiest foods available. With the introduction of fruits and vegetables, particularly fresh ones, the WIC food packages will help shift the calorie dense, nutritionally poor diet that is all too often the diet of the poor to a more nutritionally diverse and healthy diet. The addition of fruits and vegetables is an immense step to encourage healthy eating. It will promote healthy eating for mothers and children while they are receiving the WIC benefits and in turn set the standard for a lifetime

of healthier eating for the future.

The inclusion of farmers' markets as eligible vendors

Over the last 30 years, farmers' markets have played an increasingly important role in bringing fresh, locally produced fruits and vegetables to the nation's communities. Because farmers' markets have been particularly successful in making

fresh produce available to lower income individuals in urban and rural areas, and especially to WIC participants, we are pleased to see USDA's proposed revisions

include farmers' markets as eligible vendors.

In Michigan alone there are over 90 farmers markets that serve local communities through the project fresh program. According to the Michigan Department of Community

Health, which administers the program, 19 Michigan farmers' markets and roadside stands were authorized to accept Project Fresh coupons for the year 2005 from all different areas of the state. Why not extend this opportunity to all the Farmers

Markets in Michigan? Farmers' markets have been extremely successful in bringing a broad selection of affordable, fresh, and locally grown produce to places that have been traditionally under served by other forms of affordable, retail food outlets. They also serve as a community meeting spot, where commonalities are appreciated and socio-economic differences minimized -when access is possible by all. The expansion of the WIC benefits to farmer's markers, benefit not only the low-income individuals but the local farmers as well.

All in all, farmers' markets have improved the access of some of America's most nutritionally vulnerable people to fresh, affordable produce. Our office in partnership

with Michigan State Extension refers callers for information on good nutrition and food budgeting assistance. However, without access to healthy food, nutrition

education will have little effect.

Other recommendations

We commend USDA for updating the WIC food packages to reflect the Dietary Guidelines

and current nutritional science by adding fruits, vegetables, whole grain bread, corn tortillas, and the option of soymilk and tofu, and moving to low-fat milk and whole grain cereals.

We support USDA for building in protections safeguarding the nutritional value of the new food packages for all participants by strictly prohibiting state level

cuts to the new food packages.

To ensure that WIC participants can get the full value from the healthy new WIC food packages, we offer the following recommendations to strengthen the proposed rule:

- Increase the fruit and vegetable benefit by \$2 to fully meet the recommendations of the Institute of Medicine for women and children in WIC.

- Allow WIC participants to choose the kinds of fruits and vegetables they want.
- Allow WIC participants to choose healthy and culturally appropriate cereal by revising the proposed cereal standard to include whole grain corn-based (i.e. corn flakes), rice (i.e. puffed rice) and bran (i.e. bran flakes) WIC cereals.
- Remove the requirement for children to have a prescription to obtain soy milk from WIC.
- Maximize access to Farmers' Markets and the WIC Farmers' Market Nutrition Program for local seasonal fruits and vegetables.
- Establish WIC state advisory councils of stakeholders to help support and inform the planning and implementation of the new food package.

The Center for Civil Justice thanks you for the innovative proposal to make fruits and vegetables a regular part of the WIC food package. This advance in the food package will not only prove immeasurably valuable for lower income women and children, but also assist the nation's family farmers.

Sincerely,

Alicia Hensley
Food and Nutrition Program Assistant
Center for Civil Justice

Sincerely,

Alicia Hensley
436 S. Saginaw St.
Flint, MI 48502-1812

PI-183

EMAIL 11-06-06 FROM Liz Delgado [ldelgado@cdfca.org]

Patricia N. Daniels, Director
Supplemental Food Programs, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Thank you for the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages.

The Children's Defense Fund's Leave No Child Behind[®] mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investment before they get sick or into trouble, drop out of school, or suffer family breakdown.

CDF was established 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations. We have never taken any government funds.

Children's Defense Fund-California is writing to support USDA's proposed WIC Food Packages Rule, which will:

- improve the health and nutritional quality of the foods in the program;
- expand cultural food options; and
- increase participants' choices.

We commend USDA for updating the WIC food packages to reflect the Dietary Guidelines and current nutritional science by adding fruits and vegetables, whole grain bread, corn tortillas, whole grain rice and other whole grains, the option of soymilk and tofu, and moving to only low-fat milk and whole grain cereals.

Since the food packages were last revised, there has been a substantial increase of knowledge related to nutrition and health, as well as a growing obesity problem in this country. The addition of fruits and vegetables, whole grain products, and other improvements in the new WIC food packages will strengthen WIC's positive role to help

mothers and children maintain a healthy weight and allow them to make healthy food choices. This will help nutritionally vulnerable children form healthy eating habits from an early age.

Moreover, we applaud USDA's proposed improvements for infants, breastfeeding women, and medically fragile participants. The introduction of fruits and vegetables as baby food for older infants will provide healthy foods a family might not otherwise be able to afford. The new enhanced food package for breastfeeding women should help WIC to promote breastfeeding. The new rule also will provide welcome relief for families struggling to pay for essential nutrition products for women and children with special nutritional needs.

To ensure that WIC participants can get the full value from the new WIC food packages, we offer the following recommendations to strengthen the proposed rule:

- Expand and Enhance the Fruit and Vegetable Benefit
- Eliminate Inappropriate Standards and Size Requirements for Whole Grain Bread and Cereals
- Remove Prescription Requirement for Soy Milk and Tofu
- Keep Proposed Food Package Protections
- Maximize Access to Farmers' Markets
- Establish State WIC Food Package Advisory Councils

Expand and Enhance the Fruit and Vegetable Benefit:

- *Increase the Fruit and Vegetable Benefits to Fully Meet the Institute of Medicine Recommendations:* USDA should make the value of the WIC fruit and vegetable benefit consistent with the IOM's recommendation to provide \$10 per month of fruits and vegetables for women and \$8 for children. The proposal gives children only three quarters of the amount of fruit and vegetables the Institute of Medicine (IOM) determined was necessary for a nutritionally sound children's WIC food package. Children would receive \$8 in fruits and vegetables in the food package recommended by the IOM, but the USDA package provides only \$6 for these nutrients. For women the proposed rule provides only \$8 in fruits and vegetables rather than the \$10 recommended by the IOM.
- *Allow WIC Participants to Choose the Fruits and Vegetables They Want and Can Use:* WIC participants should be allowed to use the WIC food vouchers to select the fruits and vegetables that provide the best nutritional value, best bargain and best choice for themselves and their children. The rule should not give State agencies the authority to set state limits on the variety of fruits and vegetables participants are allowed to purchase with WIC vouchers. The successful WIC fruit and vegetable pilots allowed WIC participants full choice.
- *The Value of the Fruit and Vegetable Benefit Must Keep Pace with Inflation:* The rule must require that the value of the fruit and vegetable benefit be subject to a periodic cost of living adjustment. It is unfortunate that the cost of living

adjustment in the proposed rule is optional. Without an annual cost of living adjustment, the vouchers would be worth less and would buy smaller amounts of fruit and vegetables each year as inflation increases – further failing to meet the IOM recommendations.

Eliminate Inappropriate Standards and Size Requirements for Whole Grain Bread and Cereals:

- *Adopt Appropriate Standards for Whole Grain Cereals to Assure Access to Healthy and Culturally Acceptable Choices:* We applaud USDA for preserving the nutritionally important sugar limit and important iron requirements for WIC cereals. However, the new proposed cereal grain standards create a significant barrier for selected WIC participants. The proposed whole grain cereal standard is not an appropriate whole grain standard; consequently it eliminates effectively all bran, corn and rice WIC cereals. This is especially problematic for Hispanic families participating in WIC, many of which prefer corn-based cereals (for example corn flakes). The inclusion of whole grain corn-based cereals thus will be necessary to maintain acceptable cereal choices for the 2.5 million Hispanic women and children in WIC. Also, both corn and rice cereals provide a healthy option for WIC participants with allergies; furthermore, bran cereals are an excellent source of much-needed fiber for participants. Therefore, to ensure a selection of healthy whole grain WIC cereals, we recommend the use of revised standards based on the whole grain standards used in USDA's Healthier U.S. Schools guidelines plus two additional alternative criteria of 1) at least 3 grams fiber for bran cereals and 2) a minimum of 8 grams whole grains.
- *The Allowable Size for a Loaf of Bread Must be Consistent with the Bread Available in Stores:* WIC participants need a whole grain bread voucher for a loaf of bread that is consistent with the size typically sold in stores. Otherwise, the purpose of the change to whole grain is subverted and the value of the food package shrinks further. In many markets, a mother may not be able to buy any whole grain bread if specifically circumscribed to a 1 pound bread voucher. The proposed rule lumps the size of a loaf of bread and grains together as 1 pound (16 ounces). This is fine for the grains (i.e. rice), which are sold by the pound, but bread is sold by the loaf. Whole grain loaves are heavy, usually weighing more than 1 pound. According to data from Interstate Bakeries, 56 percent of whole wheat/whole grain loaves are sold in a 24 ounce loaf and 25 percent are sold in a 20 ounce loaf.

Remove the Prescription Requirement for Soy Milk and Tofu: We commend USDA for including the option of soy milk and tofu to provide popular high-calcium foods for WIC participants from a diversity of cultures. In addition, these foods are an important alternative for participants with milk allergies and lactose intolerance, a problem disproportionately affecting African-Americans and Asian-Americans. The new packages will work well for women because they have free access to choosing soy milk/tofu. However, the proposed requirement for a medical prescription for children to get soy milk or tofu should be removed because it presents an insurmountable barrier for most low-income WIC families.

Keep Proposed Food Package Protections: We commend USDA for building in protections that safeguard the nutritional value of the new food packages for all participants by prohibiting state level cuts to the new food packages. In this proposed rule, USDA prohibits State WIC agencies from making across-the-board cuts in the food packages (a process known as “categorical tailoring”). This will guard against state pressures to dismantle the new WIC food packages. We agree with USDA that, given the carefully balanced food packages as designed by the Institute of Medicine, categorical tailoring is no longer necessary and would be detrimental. Individual WIC participants can have their WIC food package tailored for nutrition reasons or preference through the commonly used mechanism of “individual tailoring.”

Maximize Access to Farmers’ Markets: USDA’s inclusion of farmers’ markets as vendors for the new WIC food package fruit and vegetable vouchers is commendable, and, along with the continuation of the WIC Farmers’ Market Nutrition Program, will be helpful for WIC families. The rule should make clear that farmers’ markets qualify as eligible WIC vendors provided that they comply with the already well-established farmers’ market or WIC Farmers’ Market Nutrition Program procedures. WIC vendor requirements will need to allow farmers’ markets to participate as seasonal vendors and exempt them from stocking the full package.

Establish State WIC Food Package Advisory Councils to Bring a Diversity of Voices and Support to the Implementation Process: We recommend that state WIC Food Package advisory councils be established to help support and inform the planning and early implementation of the new WIC food package. To be most effective, the advisory councils should include WIC participants and representatives of the communities and organizations working to improve the health and well-being of the families served by WIC, such as advocates, those from food banks and other emergency food providers, immigrant groups, food policy councils, state chapters of nutrition and health associations, and local WIC agencies.

In summary, we strongly endorse the need for the new WIC food packages and urge USDA to proceed expeditiously to analyze the comments, make the necessary changes, and quickly move forward with the process of bringing a new, healthier food package to the more than 8 million women, infants and children participating in the WIC program each month. Thank you for this opportunity to express our support for the new WIC food packages as well as our recommendations to further strengthen this crucial program.

Sincerely,

PI-184

Got Mercury?

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November 6, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

Docket ID Number 0584-AD77, WIC Food Packages Rule

RE: Proposed rule to modify the canned fish provision of Food Package VII

GotMercury.Org is writing in regard to the proposed rule to modify the canned fish provision of Food Package VII, designed for breastfeeding women who elect not to receive infant formula through WIC for their infants. We are concerned about the significant health risk of methylmercury exposure of infants and mothers who are exclusively breastfeeding from canned tuna consumption under the program.

While it is encouraging that alternative canned fish that are low in mercury, such as wild canned salmon and canned sardines, will be included in the Food Package VII prescription, the proposed regulations are insufficient to protect mothers and their nursing infants from methylmercury. GotMercury.Org makes the following recommendations for the Food Package VII program:

1. **No canned tuna:** Given the unpredictable levels of mercury in canned tuna – even in "light tuna" – the USDA should not be prescribing canned tuna to women who are nursing infants whose neurodevelopment is especially vulnerable to mercury exposure. Currently, the FDA is not ensuring the safety and quality of canned tuna.
2. **Mandatory alternative canned fish:** States should be required to offer alternative canned fish that have little or no mercury and states should not be permitted to opt out of offering alternatives to light canned tuna. The USDA must mandate canned fish alternatives to canned tuna or else low-income women and children will be at risk.
3. **Mandatory mercury in seafood education:** Finally, The USDA should offer women educational programs to explain the differences between the risks and benefits of eating canned tuna versus other canned fish that have higher levels of beneficial omega-3 fatty acids with significantly less methylmercury.

GotMercury.Org's reasoning for these recommendations is detailed below. We encourage the USDA to make the health of women and children a greater priority than the profits of the canned tuna industry, which stands to make an additional one million dollars at the expense of low-income mothers and infants.

Preface: Proposed Rule for Canned Tuna in Food Package VII

The proposed rule would "authorize a variety of canned fish that do not pose a mercury hazard to fully breastfeeding women."¹ The amount of canned fish for fully breastfeeding mothers would increase from 26 ounces to 30 ounces per month (1.875 pounds per month).² The average US consumer eats only 4.4 ounces of tuna a month (3.3 pounds per year).³ For 6 months, women under Package VII could consume 11.25 pounds of canned tuna, about three and a half times the US average annual tuna consumption. These high levels of canned tuna consumption encouraged by the FDA put low-income women and their infants at significantly greater risk than the population at large causing a problem of environment injustice toward program participants.

The EPA reference dose formula calculates that if a woman ate 7.5 ounces (30 ounces divided by 4 weeks in an average month) of albacore per week, she would have to weigh over 230 pounds to eat that much albacore tuna safely. A 130-pound woman would exceed the EPA reference dose level by 180 percent. It is clear from the EPA reference dose formula and using the FDA's published mercury data that albacore should be removed from the WIC Food Packages.

Albacore or "white tuna" was previously been included in the WIC Food Package, along with "chunk light" canned tuna. However, the new regulations would eliminate albacore or "white tuna", keeping "chunk light" canned tuna, which can have equally high levels of mercury despite the clear risk to mothers and infants.

Even if albacore canned tuna is no longer used in WIC and only light canned tuna is offered, the USDA cannot guarantee the safety of the mercury levels in canned light tuna because the FDA fails to adequately screen canned tuna and remove high-mercury canned tuna. Contrary to FDA reports of the levels of mercury in light tuna, other studies have found higher average levels and wide variability of mercury levels in light tuna.

1. THE USDA SHOULD STOP OFFERING ALL CANNED TUNA

Both Albacore and "Light Tuna" Canned Tuna Contain Unsafe Mercury Levels

Repeated studies have shown that even "chunk light" or canned "light tuna" contain mercury levels higher than reported by the FDA and often close to the levels of mercury in albacore tuna. The USDA has acknowledged the risks of continuing albacore tuna, but should also remove light tuna since mercury levels vary widely from can to can and averages mercury levels are high.

- The Chicago Tribune reported in 2005 that about 15 percent of "light tuna" was yellowfin tuna and not lower mercury skipjack tuna.⁴ Of these, 90 million cans (about half) are sold without any indication that higher mercury yellowfin tuna are inside the can of light tuna.⁵ FDA testing of yellowfin tuna found an average of 0.325 ppm of mercury, which is three times the amount in skipjack "light tuna" (0.118 ppm) and equivalent to albacore tuna (0.353 ppm).⁶

- An environmental group also tested canned tuna recently and found that "light" tuna they tested contained 0.269 ppm of mercury on average – more than twice what the FDA reports.⁷ This led to their recommendation that canned tuna be removed from the WIC program as well.
- Testing by GotMercury.Org found that yellowfin tuna sampled from sushi restaurants that averaged 0.563 ppm of mercury.⁸ Twenty-three samples of yellowfin from three major US cities were sampled.⁹ There was a fifteen-fold difference between the lowest level of mercury in yellowfin sampled (0.104 ppm) and the highest mercury level of yellowfin tested (1.522 ppm).¹⁰ Though this was fresh and frozen tuna, restaurants reported the species as yellowfin tuna that could have also been used in canned tuna labeled as "light tuna" and canned for supermarkets.
- A review of FDA published data by the Consumer Union in July 2006 found that six percent of the "light tuna" tested by the FDA contained at least as much mercury as albacore tuna – sometimes twice as much.¹¹ Their study prompted Consumer Union to advise pregnant women to avoid canned tuna completely because of the unpredictable levels of mercury.¹²

The Food and Drug Administration Fails to Monitor and Remove High-Mercury Tuna

A 2004 General Accounting Office report stated that the FDA has not done enough to protect seafood safety. This included noting that the FDA fails to provide protection from mercury in seafood. Among the recommendations, the GAO suggested (and the FDA agreed) that enforcement needed more attention and that the FDA should explore equivalent foreign seafood inspection systems for improving the US seafood safety net.¹³ In response to criticism by the GAO, the FDA only slightly increased the number of seafood products it tested at U.S. ports of entry to **only about 1 percent**.¹⁴ The GAO found that the FDA did not prioritize enforcement and, on the rare occasion that the agency took enforcement action, that the FDA took an inordinate amount of time to respond.

Furthermore, because the FDA blends multiple samples of light tuna together for mercury testing, the averages of mercury in light tuna and the extremes of the cans containing yellowfin or bigeye tuna are obscured by this testing method. The Chicago Tribune review of FDA testing methods showed the composite samples of multiple cans of tuna were tested.¹⁵ Pro-industry policies, not sound science, appear to dictate the testing methods of the FDA. Without accurate data on methylmercury levels in canned tuna from the FDA, the USDA cannot rely on the reported mercury levels claimed by the FDA for albacore or light tuna.

Without adequate enforcement of its own regulations, the FDA cannot guarantee that mothers in the WIC program will receive low-mercury canned tuna even when they choose only light tuna instead of albacore tuna. Therefore, the USDA must remove both albacore and light tuna should from the WIC program completely to eliminate an unnecessary and avoidable mercury exposure risk.

Breast Milk Exposes Infants to Methylmercury from Canned Tuna

Although mercury exposure in the womb is more dangerous, postnatal exposure to mercury should also be avoided. There is no safe exposure level of mercury and all steps should be taken to eliminate or reduce the risk of mercury exposure as much as possible.

Repeated studies have shown that mothers expose their nursing infants to methylmercury and inorganic mercury during breastfeeding.¹⁶ Both forms of mercury are neurotoxins that are dangerous to developing nervous systems.¹⁷ Researchers have advised mothers to avoid high-mercury fish during pregnancy and lactation while eating low-mercury fish in moderation to obtain the benefits of seafood consumption.¹⁸

Unnecessary exposure to methylmercury in breast milk can be avoided if women are given the option to select canned wild salmon, canned sardines, or other low-mercury canned fish sources. Alternative canned fish should be available to increase the benefits to mothers and their nursing infants, as well as substantially reducing their mercury exposure risks.

Additionally, the promotion of canned tuna as safe for breastfeeding mothers undermines the public health efforts to avoid canned tuna before and during pregnancy. For example, a recent study found that mercury in fish contributed increased risk of premature birth.¹⁹ Encouraging canned tuna consumption could put future pregnancies at risk. If the USDA hopes to encourage healthier eating habits, then it should promote the canned fish options with little or no mercury exposure risks so that healthier eating habits can be developed during participation in the WIC program.

Environmental Justice Issues Presented by Canned Tuna Promotion

Low-income families of color are already exposed to higher levels of mercury and other environmental contaminants than more affluent families. Promoting canned tuna and not healthier alternatives will continue to contribute to health disparities between different ethnic and racial groups in the US. This creates an environmental justice issue when low-income ethnic and racial groups are disproportionately consuming canned tuna and encouraged to do so through the WIC program.

African-American and Mexican-American children had higher hair mercury levels than Caucasian children in studies of US mercury levels in women of childbearing age and children.²⁰ Mercury levels in the children corresponded to the amount of fish consumed per week.²¹ Further analysis of the national testing data showed that Asian, Pacific Islander, Native American (including Alaska Natives), or multiracial women tested had higher levels of mercury than women of other ethnicities surveyed between 1999-2000.²² Nearly 17 percent of this women had mercury levels over the EPA recommended level.²³ More canned tuna through WIC can only increase mercury levels in these women and children.

These statistics illustrate only a portion of the health risks and environmental justice issues presented by the continued promotion of canned tuna by the USDA, not only in the WIC program, but also in other food programs.

Any Cost of Low-Mercury Canned Fish Alternatives is Outweighed by the Health Benefits

Using canned salmon as an example, the USDA should recognize the economic and health benefits of switching from canned tuna to healthier alternatives.

The IOM report states that the cost of canned salmon is only \$0.02 per ounce more than canned tuna.²⁴ Even if an exclusively breastfeeding mother received 30 ounces of canned salmon instead of canned tuna, then the cost would only be \$0.53 per mother per month.²⁵ The total cost if 250,000 women nationally exclusively breastfeeding received canned salmon would be \$132,500 per year difference for the entire national program. By comparison, the decreased exposure to methylmercury would reduced nearly 1000 percent when comparing the FDA reported averages of mercury in canned tuna.

A study estimated that methylmercury from seafood consumption costs the US about \$8.7 billion annually.²⁶ These costs are due to lost productivity from decreased intelligence caused mercury exposure.²⁷ Low-income mothers and infants in the WIC program will be further disadvantaged at the expense of taxpayers if the USDA continues to promote canned tuna.

Only 6 percent of the 8.6 million participants in WIC are breastfeeding mothers.²⁸ Mothers who are fully breastfeeding and eligible for Food Package VII was estimated at just 252,572.²⁹ Even if every mother in this category chose only salmon, the program cost would increase by \$0.60 per mother per month.

However, the costs of some canned fish can be lower than canned tuna and the USDA should do a thorough investigation of all canned fish options to include those that are lower in cost and probably maintain the cost-neutral changes to the program. In some cases low-mercury canned fish alternatives may be cheaper and healthier.

2. THE USDA SHOULD HAVE MANDATORY CANNED FISH ALTERNATIVES

Canned fish options exist that have little or no mercury risk, but carry greater health benefits to mothers who consume them. In some cases, the alternatives may be equal to or cheaper than the prices of canned tuna.

- **Canned Wild Salmon**

The FDA reports that mercury is not detectable in canned salmon that the agency has tested.³⁰ Other studies of canned salmon have found low levels of mercury. For example, in 2005, testing of canned salmon found that pink and red salmon averaged 0.036 ppm and 0.033 ppm total mercury, respectively.³¹ About four times lower than even the best estimates of mercury levels in canned light tuna and nearly 10 times lower than albacore tuna. As stated above, since albacore tuna and light tuna have similar actual averages, then wild canned salmon would be the ideal substitute for canned tuna.

- **Canned Anchovies**

The FDA reports the average level of mercury in anchovies as 0.043 ppm of mercury. By comparison, canned anchovies are almost three times lower in mercury than the FDA's reported light tuna data and more than 8 times lower in mercury than albacore tuna.

- **Canned Sardines**

The FDA reports average mercury levels in sardines as 0.016 ppm of mercury.³² The FDA does not report any specific data from studies of canned sardines. Scientists have tested canned sardines that tested higher in mercury, but still less than canned tuna. In 2005, five cans of sardines averaged 0.107 ppm of mercury, higher than reported by the FDA, but still lower than both albacore and light canned tuna.³³ Earlier testing in 2001 found an average of 0.0636 ppm mercury from 11 cans of sardines.³⁴ While the mercury levels should be further studied, the available data suggests that canned sardines are still a better option than canned tuna because of higher Omega-3 fatty acid levels.

- **Canned Mackerel**

Canned mackerel has been found to substantially lower levels of mercury than canned tuna.³⁵ Testing in one study found that mercury levels were nearly one-tenth of the mercury levels in canned tuna.³⁶ Another study published in 2005 also found that mercury levels in canned mackerel marketed in the US contained 0.036 ppm of mercury.³⁷ These levels were comparable to the levels of mercury found in canned salmon.³⁸ Further testing of mercury levels in canned mackerel by the FDA should be required to support the inclusion of canned mackerel as an alternative to canned tuna.

- **Other Canned Seafood Alternatives**

In addition to the canned fish discussed above, there are many other kinds of canned seafood that could be offered as an alternative to canned tuna and which would carry a much lower risk of mercury exposure by mothers who consumed those optional seafood. For example, canned seafood can include shellfish, such as oysters, clams, crab, or shrimp. However, the Omega-3 fatty acid levels of these types of seafood may be lower than other options listed above.

With clearly superior canned fish alternatives available, the USDA should not let states opt out of providing canned fish options. Mothers, not state officials, should be ones who decide which fish are culturally appropriate and healthiest to consume while exclusively breastfeeding. The costs can be equal to or less than canned tuna alone so not only do alternative canned fish make sense from a public health nutrition standpoint, but also from an economic standpoint.

3. THE USDA MUST REQUIRE EDUCATION ABOUT THE RISKS OF MERCURY IN SEAFOOD AND THE BENEFITS OF LOW-MERCURY FISH CHOICES

Many consumers are confused about the benefits of low-mercury fish and the risks of high-mercury canned tuna. To clarify the canned fish information and to further the objectives of the USDA food programs, the USDA must institute regular education programs for mothers who participate in the WIC program and who consume canned fish.

The FDA estimated that between 30 and 50 percent of all women were not aware of the risks of mercury exposure from high-mercury fish like tuna. A study in Wisconsin of pregnant mothers participating in WIC found that 74 percent of fish consumed by mothers was canned tuna (average of three meals per month), but two-thirds of the women did not know that predatory fish like tuna were high mercury.³⁹

Furthermore, consumers see advertising from the tuna companies touting the benefits of tuna, which further confuses consumers about the FDA and EPA mercury-in-fish advisories. Up to

half of the women in the WIC program may not be able to make informed decisions about which fish are safest or to weigh the alternatives. Therefore, mandatory seafood education programs must accompany any program to distribute canned fish.

A study in 2005 found that only 13 percent of people surveyed had heard about the FDA warnings for about high-mercury fish.⁴⁰ The study found that more people were aware of the benefits of fish consumption than those aware of the mercury risks.⁴¹ In the case of canned tuna, only 53 percent of those surveyed knew about the risks of canned tuna consumption.⁴²

Overall, the objectives of WIC could be better served if participants were better educated about the benefits and risks of fish consumption that would enable mothers to make informed decisions based on both preferences and reasonable precaution against unnecessary mercury exposure.

Women receiving WIC should be educated about eliminating or limiting canned tuna consumption before choosing amongst the canned fish alternatives.

CONCLUSION

GotMercury.Org and the hundreds of our supporters who have submitted comments respectfully urge the USDA to eliminate canned tuna from the WIC program, to require states to offer alternative canned fish options, and to educate women in the WIC program adequately about mercury in seafood.

Sincerely,

Eli Saddler, JD, MPH, MA
Public Health Analyst for GotMercury.Org

About GotMercury.Org

GotMercury.Org is a public health education campaign to protect consumers from mercury in seafood and to make healthier, safer choices. GotMercury.Org is an online calculator that uses the EPA formula for mercury exposure with the FDA published data on seafood mercury levels. The GotMercury.Org campaign has worked to increase posting of mercury-in-seafood advisories in restaurants and supermarkets, first in California under Proposition 65 and later through partnerships and grassroots consumer efforts. GotMercury.Org has tested mercury in sushi tuna across the US, receiving national and international media attention about the risks to consumers.

Endnotes:

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² Id.

³ National Marine Fisheries Service, *Fisheries of the United States, 2004*, (November 2005). Available at <http://www.st.nmfs.gov/st1/fus/fus04/index.html>.

⁴ Sam Roe and Michael Hawthorne, *How safe is tuna? Federal regulators and the tuna industry fail to warn consumers about the true health hazards of an American favorite*. Chicago Tribune (December 13, 2005). Available at <http://www.chicagotribune.com/news/specials/chi-0512130114dec13,1,2739672.story>.

⁵ Id.

⁶ US Food and Drug Administration, *Mercury Levels in Commercial Fish and Shellfish*. (February 2006). Available at <http://www.cfsan.fda.gov/~frf/sea-mehg.html>.

⁷ Defenders of Wildlife, *Is Our Tuna "Family Safe"? Mercury in America's Favorite Fish*. (2006) Available at <http://www.defenders.org/tunamercury/tunamercuryreport.pdf>.

⁸ Summary of data collected and available at <http://www.gotmercury.org>.

⁹ Id. Combined results from Los Angeles, San Diego, and Chicago.

¹⁰ Id.

¹¹ Consumer Reports, *Mercury in tuna: New safety concerns*. (July 2006) Available at http://www.consumerreports.org/cro/food/tuna-safety/overview/0607_tuna_ov.htm.

¹² Id.

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¹⁷ Id.

¹⁸ Mineshi Sakamoto et al., *Maternal and fetal mercury and n-3 polyunsaturated fatty acids as a risk and benefit of fish consumption to fetus*. *Environmental Science Technology*, 38:3860–3863 (November 2004).

¹⁹ Fei Xue et al, *Maternal Fish Consumption, Mercury Levels and Risk of Preterm Delivery*, *Environmental Health Perspectives* (September 2006). Available at <http://www.ehponline.org/docs/2006/9329/abstract.html>.

²⁰ McDowell, M. et al, *Hair Mercury Levels in U.S. Children and Women of Childbearing Age: Reference Range Data from NHANES 1999–2000*, *Environmental Health Perspectives* (August 2004). Available at <http://www.ehponline.org/members/2004/7046/7046.html>.

²¹ Id.

²² Jane Hightower et al., *Blood Mercury Reporting in NHANES: Identifying Asian, Pacific Islander, Native American, and Multiracial Groups*, *Environmental Health Perspectives* 114: 173-175 (2006). Available at <http://www.ehponline.org/members/2005/8464/8464.html>.

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²⁴ Institute of Medicine of the National Academies, *WIC Food Packages: Time for a Change*, 140-141 (Apr 27, 2005). Available at <http://darwin.nap.edu/books/0309096502/html>.

²⁵ Id.

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²⁷ Id.

²⁸ United States Department of Agriculture, Food and Nutrition Service, Special Nutrition Programs. Nutrition Assistance Program Report Series, The Office of Analysis, Nutrition and Evaluation. Report No. WIC-04-PC, WIC Participant and Program Characteristics 2004 (March 2006).

²⁹ IOM Report. 350-351.

³⁰ US Food and Drug Administration, *Mercury Levels in Commercial Fish and Shellfish*. (February 2006). Available at <http://www.cfsan.fda.gov/~frf/sea-mehg.html>.

³¹ Abua Ikema and Nosa Egieborb, *Assessment of trace elements in canned fishes (mackerel, tuna, salmon, sardines and herrings) marketed in Georgia and Alabama (United States of America)*, *Journal of Food Composition and Analysis* 18:771-787 (2005).

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